YOUNG ADULTS AND ALCOHOL USE: AN IN-DEPTH EXAMINATION OF THE PROCESS OF ENGAGING THE "PUBLIC" IN PUBLIC HEALTH EDUCATION

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By

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ABSTRACT

Excessive young adult (ages 19-24) or binge drinking is an important public health concern. Alcohol is enormously popular and has a high level of social and cultural significance in Canada. Behaviours such as excessive drinking have become a normalized "rite of passage" with major health, social, and economic costs. This thesis examines a public education event, *How Much is Too Much – A Conversation for Change: Young Adults and Alcohol* (CFC), evaluating the strategies used and impact of integrating individual and community empowerment into its development and delivery processes and outcomes. Applying a framework integrating *top-down* and *bottom-up* health promotion strategies and addressing the culture and practices of young adult drinking in Saskatchewan and Canada, this thesis answers the question: How effective is the process of the CFC at: a) providing public education, b) facilitating individual and community empowerment, and c) initiating and sustaining meaningful dialogue about the issue of young adult alcohol use in Saskatchewan? The secondary research question is: Did the process of the CFC contribute to individual attitude or behavioural change or facilitate any social action around the issue of young adult drinking? These questions were explored using a mixed methodology, including semi-structured interviews with event organizers, presenters, and participants, participant observation of an online blog, and CFC evaluations. Results indicated that the most successful components of the CFC included: a) increased awareness of young adult excessive alcohol use in sociocultural context, b) insight into the issue within and outside of the Saskatchewan community, and c) allowing community members' voices to be heard. The least effective element was a six-week follow-up blog designed to *continue the conversation* about young adult drinking. Based on these results, a series of five categories of recommendations about the process of including the "public" in public health education were identified. The five areas addressed were: a) program design, b) objective setting, c) strategy selection, d) strategy implementation and management, and e) evaluation. This research has implications for health promoters that aim to conduct public health education that facilitates the transition from knowledge acquisition through to individual and community empowerment and eventual action.

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DEDICATION

This thesis is dedicated to my partner, Curtis Ehrmantraut. Without his support, patience, and encouragement, I might never have completed this thesis. This thesis is also dedicated to my uncle, Perry Risling. You were loved by all who knew you, and you will be missed.

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LIST OF ABBREVIATIONS

AA	Alcoholics Anonymous
APN	Alcohol Policy Network
CAS	Canadian Addictions Survey
CCSA	Canadian Centre on Substance Abuse
CEO	Chief Executive Officer
CEYE	Centre of Excellence for Youth Engagement
CFC	Conversation for Change
CLRDG	Canadian Low-Risk Drinking Guidelines
CUISR	Community-University Institute for Social Research
FASD	Fetal Alcohol Spectrum Disorder
FNIGC	First Nations Information Governance Centre
MAPP	Mobilizing for Action through Planning and Partnerships
NACCHO	National Association of County & City Health Officials
NASWG	National Alcohol Strategy Working Group
NIAAA	National Institute on Alcohol Abuse and Alcoholism
PRECEDE	Predisposing, Reinforcing, Enabling Constructs in Educational/Ecological Diagnosis and Evaluation
PROCEED	Policy, Regulatory and Organizational Constructs in Educational and Environmental Development
RECE	Reflective Equilibrium Community Empowerment
SLGA	Saskatchewan Liquor and Gaming Authority
SPI	Saskatchewan Prevention Institute
TICE	Tamarack Institute of Community Engagement
U of S	University of Saskatchewan
WHO	World Health Organization
YAP	Youth Action for Prevention

CHAPTER ONE: INTRODUCTION

> It is looking at the community, it is looking at where do young people feel they belong, where do they feel like they have a sense of purpose, which is critical and we miss that all the time…Because alcohol fills a huge void for people and that void is feeling like you don't belong so you drink so you belong somewhere…it fills that loneliness. I mean it is fine, we have to keep talking about the risks that are associated with alcohol consumption and abuse, but I think we need to look at it more holistically than we are. (Event Participant).

1. Introduction

The consumption of alcohol, a legally, socially, and culturally acceptable beverage, has been recognized as a major public health issue and key contributor to illness and mortality rates at an international level. Research conducted by the World Health Organization (WHO) (2008) as part of its Global Burden of Disease Project indicates that alcohol use was a major health concern in developed nations (WHO, 2004). In fact, alcohol use was found to be the third highest risk factor for health, following tobacco use and high blood pressure (WHO, 2004; WHO, 2008). Specifically, alcohol contributed to 9.2% of the global burden of disease (chronic illness), while tobacco accounted for 12.2%, and high blood pressure for 10.9% (WHO, 2004). Comparisons of international consumption of alcohol reported a high level of variability among different countries based on factors such as: drink size, strength, frequency of drinking and excessive drinking, population differences (i.e., between young people and adults), consumption rates per capita, and drinking outcomes (alcohol-related harms) (Bloomfield, Stockwell, Gmel, & Rehn, 2003). Although alcohol use is prominent in the culture of many countries, in this thesis I narrow my focus to alcohol use in Canada (national) and Saskatchewan (provincial), as this was the country and province in which my research occurred.

Shifting to a Canadian context, it is no surprise that alcohol use has been identified as a major health concern. For instance, the Canadian Addictions Survey (CAS) (Adlaf, Begin, & Sawka, 2005) indicated that of Canadians over 15 years of age, 79.3% reported consuming alcohol in the past year. The CAS also found that the demographic most likely to drink was young adults ages 19-24, of which 90% reported consuming alcohol within the past year (Adlaf et al., 2005). In addition, the Alcohol Policy Network (APN) (2006) asserted that since 1996[1], alcohol use in Canada has continued to increase nationally, a trend that is likely to continue in

[1] After controlling for growth in the Canadian population.

the future (APN, 2006). In terms of the costs associated with alcohol use alcohol use[2], a 2006 study revealed that the Canadian costs of alcohol are approximately $14.6 billion dollars annually, with a per capita rate of $403 dollars for every Canadian citizen (Rehm, Baliunas et al., 2006). The 2006 study relayed that the total cost associated with alcohol use in Saskatchewan was $508.7 million dollars, which is $503 dollars per capita, an amount that exceeded the national average (Rehm, Baliunas et al., 2006). Research also indicated other negative trends associated with alcohol use at a provincial level. For instance, Saskatchewan consistently exceeded national rates of lifetime reported harms (ages 15+, from former and last-year drinkers) to self and demonstrated rates of self-harm categories (e.g., relationships with friends; physical health; home and marriage; work, studies, and employment; finances; and, legal) that were among the highest of all provinces (Adlaf et al., 2005). Further, Saskatchewan rates of reported alcohol-related harms caused by others (e.g., being pushed or shoved, serious arguments, verbal abuse, and being hit or physically assaulted) within the past year significantly surpassed Canadian rates, as well as all other provincial rates with the exception of being hit or physically assaulted, which was analogous to Alberta (5.4%) (Adlaf et al., 2005). In sum, research reported that alcohol use in Canada is a major health concern, and a great concern specifically within the Saskatchewan community. Overall consumption rates, costs, and reported harms highlight the need for alcohol use to be addressed at a provincial level, especially among young adults (ages 19-24)[3]. The complexity of the issue of young adult alcohol use and the necessity of addressing it in a public health framework spurred the public education event that is the focus of this thesis**.**

1.1 The *Conversation for Change*

The high prevalence of excessive alcohol among young adults formed the basis of this thesis, which was to evaluate the process and outcomes of a specific event, *How Much is Too Much? A Conversation for Change: Young Adults and Alcohol*[4]. This event occurred on

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[2] Costs include: direct health care (e.g., hospitalization, inpatient/outpatient treatment, physician fees, prescription drugs); direct law enforcement (e.g., police, courts, corrections); costs for prevention and research programs; other direct costs (e.g., fire damage, vehicle collisions, workplace losses such as health promotion programs and drug testing); administrative costs (e.g., social welfare payments, workers compensation); and indirect costs related to productivity (e.g., long-term disability, short-term disability, premature mortality).

[3] Young adult alcohol use will be discussed in more detail in section 2.2.

[4] The "Conversation for Change" event will be referred to throughout this thesis as the "CFC" or "the event".

September 22, 2010, was co-hosted by the Canadian Centre on Substance Abuse (CCSA) and the Research Chair in Substance Abuse at the University of Saskatchewan (U of S) as a result of a Memorandum of Understanding between the two parties, and was part of the Bill Deeks 2010 lecture series. Excessive young adult alcohol use has been identified as a crucial public health issue, and was highly relevant to both event organizers. This event was attended in-person by approximately 150 participants, with an additional 300 registered to participate virtually via a webinar. Due to the involvement of the Research Chair in Substance Abuse a primary goal was to focus on alcohol-related issues that were particularly salient to the Saskatchewan community. As a consequence of the involvement of the CCSA (a national organization), the CFC was also structured to have a national impact.

1.1.1 The Foundation of the Conversation for Change

The examination of the process of CFC included an assessment of its design, organization, strategy selection, implementation and evaluation. The exploration of the process of the CFC involved comprehensive analysis of the relationships between health promotion, public health education, engagement, community empowerment, and the influence of the community in enacting social change (Green & Tones, 2010). These relationships are strongly related to the overarching goal of the CFC, which was to place the "public" firmly in the center of this "public" health education event that addressed young alcohol excessive alcohol use. This was accomplished through careful consideration of how to incorporate strategies that facilitated audience engagement and empowerment throughout the process of planning, implementing, and evaluating the CFC.

In my analysis of the CFC I utilized Laverack and Labonte's (2000) planning framework as a conceptual model, because it integrated both *bottom-up* and *top-down* approaches to health promotion. Public health education events such as the CFC tend to be *top-down* initiatives, meaning that they are organized and implemented for the community (versus *by* the community). However, the CFC differed from this structure in that it aimed to incorporate elements that engaged and empowered the Saskatchewan community (*bottom-up* strategies). In this way, the Laverack and Labonte's (2000) framework offered a strong model from which to understand how these two approaches could be integrated.

1.2 Research Questions

Currently, the literature on engaging and empowering the public in public health education is limited. Consequently, both questions addressed in this thesis are exploratory in nature. The primary research question in this study is: **How effective was the process used at the CFC at: a) providing public education, b) presenting multiple perspectives, c) facilitating individual and community engagement/empowerment, and, d) and initiating and sustaining meaningful dialogue about the public health issue of young adult drinking in Saskatchewan?** The secondary research question focused on the outcomes of the event: **Did the process of the CFC contribute to individual attitude or behavioural change or facilitate any social action around the issue of young adult drinking?**

To address the research questions, an exploratory and mixed methods approach was used to examine the process of the CFC and offer insight into its fit with Laverack and Labonte's (2000) framework. In addition, the research questions were examined in terms how well the CFC met its designated objectives. As the CFC's *process* was central to the exploration of this event, elements related to process were central to analysis and included: a) event organization, b) objective development, c) choices about strategies and structure, d) event implementation and management, e) efficacy of strategies at creating dialogue/conversation, and f) use of online technology as a strategy to sustain conversation. I was also directly involved in the process, as I explored the online CFC blog using participant observation.

In short, in my thesis I will explore what specific components of the CFC process were successful or challenging, as well as provide insight into event outcomes and objectives. A major benefit of using an exploratory approach is that it can begin to fill gaps in research. It also allows for the acquisition of practical information that can be used to make recommendations about how health promoters can use interactive and engaging strategies to their benefit when planning and implementing public health education events. By placing individuals and communities (the *public*) at the forefront and making public health education more dynamic, interactive, and empowering, it may be possible to transcend more traditional health education strategies, which frequently rely only on the transmission of *top-down* expert knowledge. The overarching goal of my analysis is to use the data collected about the process of the CFC to make general recommendations about how to increase the success of public health education events that aim to engage and empower participants.

1.3 Definitions of Key Terms

There are a number of key terms that are used throughout this thesis. As these terms can have multiple meanings, it is crucial to clarify the meaning of these terms at the onset. The first term that is frequently used in this thesis is that of *community.* A broad definition of community is that it is a "web of personal relationships, groups, networks, traditions, and patterns of behaviour that exist among those who share physical neighborhoods, socioeconomic conditions or common understandings or interests" (Standing Conference for Community Development, 2001 [SCCD], p. 4). Within this thesis, the term *community* is discussed in a variety of contexts, including the: a) Saskatchewan community (individuals who share the same geographic location), b) young adult community (individuals who share the same demographic category), c) the Aboriginal community (individuals who share a similar cultural background), and d) virtual community (individuals who do not share geographic proximity, but have shared identity or purpose in an online context). Another set of closely related terms used in this thesis is *attitude change* and *behaviour change.* Here, *attitude change* is related to changes in individual beliefs and values. *Behavioural change* is commonly the result of attitude change, in that changes in beliefs and values are manifested through concrete changes in behaviour. Another key term is that of *engagement*, which is defined as "people working collaboratively, through inspired action and learning, to create and realize bold visions for the common future" (Tamarack Institute of Community Engagement [TICE], n.d.). Specifically, "community engagement process[es] bring people together...[and] can enable collective change...and create movement in communities. Good community engagement will build agreement around issues and create momentum for community to address local issues" (TICE, n.d.) and involves "achieving outcomes and creating solutions to community needs" (TICE, n.d.). By providing these definitions at the onset of this thesis, it is possible to ensure that there is a shared understanding of the meaning and significance of commonly used terms.

1.4 Why Study the Conversation for Change?

The decision to study the CFC as an example of a public health education event in my thesis was based on a number of factors. The first reason resulted from my employment at the Saskatchewan Prevention Institute (SPI), a not-for-profit organization with a mandate to use primary prevention to reduce disabilities in children. As part of my position as a Program Coordinator in the Fetal Alcohol Spectrum Disorder (FASD) Prevention program, I was directly involved with planning and implementing the Saskatchewan Youth Action for Prevention (YAP)

project. This project was created to address alcohol use among youth and young adults (ages 14-24) at a provincial level, and to provide information that enabled young people to make healthier choices about drinking. Specifically, YAP was designed to utilize youth engagement strategies to facilitate the development of resources and activities created by young people for young people. Although a primary purpose of YAP was to educate young people about alcohol use and FASD, it also contended with interrelated issues and alcohol-related harms such as unprotected sexual intercourse, unplanned pregnancy, sexually transmitted infections, and violence. The connection between my involvement in YAP and the topic of the CFC made this a meaningful area of study for my thesis.

My research and health promotion background in the area of alcohol use among young people was another reason that I analyzed the CFC. The combination of the initial research I conducted for the YAP project (a survey of Saskatchewan young people ages 14-24 and a literature review about youth and young adult alcohol use) and my firsthand experience working within diverse Saskatchewan communities highlighted the necessity of addressing the issues raised in the CFC. My belief that the issue of young adult drinking was of crucial importance was also informed by a collaborative research project conducted with the Community-University Institute for Social Research (CUISR). In this project, Saskatchewan post-secondary participants participated in focus groups and an online survey about their alcohol use. The results of this project demonstrated the high rates of risky drinking behaviours within this population, as well as the many misconceptions students had about alcohol use. Together, this research and my personal community development experiences in the area of young adult alcohol use underlined the complexity of this issue, and its embeddedness in Saskatchewan and young adult culture. Consequently, I viewed the CFC as much needed forum to delineate key issues about denormalization of unhealthy drinking patterns among young adults, especially in a provincial context. The congruence between my background in research and health promotion made the CFC an ideal starting point for my thesis.

A central reason that I believed it was beneficial to study the process and outcomes of the CFC was to gain a better understanding of how public health education could be structured to have the greatest impact on the audience. In my role as Program Coordinator at SPI, I delivered many presentations and workshops about FASD and youth alcohol use, both in the Saskatchewan community and at provincial and national conferences. In the process of creating, structuring and

delivering these events, I always questioned whether the information I provided or format that I use reached the audience in a meaningful way. Analysis of the process and outcomes or the CFC allowed me to acquire knowledge about how to improve the practice of public education and incorporate strategies designed to increase audience engagement and empowerment. The opportunity to investigate the specific processes of an event structured to provide meaningful knowledge transfer, from planning to evaluation stages, provided invaluable insight into how public health education events could be more powerful in the future.

1.5 Format of this Thesis

In this chapter I have provided general information on alcohol use, both in Canadian and Saskatchewan contexts. I have also discussed the event that is the foundation of this thesis, *How Much is Too Much? A Conversation for Change: Young Adults and Alcohol*. In addition, I outlined my primary and secondary research questions and my aim to assess the successes, challenges and outcomes of the process of the CFC. Underlying these two research questions is the crux of this thesis: How can health promoters best place the *public* in the centre of public health education? By using a process that is both engaging and empowering, it may be possible to facilitate individual attitude/behavioural change, community empowerment, or the initiation of social action within communities. I also provided definitions of key terms in regard to how they are utilized within this research and discussed my particular interest in the CFC (as related to my previous employment, health promotion, and research background in the area of problematic alcohol among Saskatchewan young people). Also of personal significance was my desire to determine more effective ways to meaningfully engage and empower the public in educational events.

The remainder of this thesis is comprised of six chapters. The purpose of Chapter Two is to introduce the key concepts in this research. Here, the literature on alcohol use within Canada and Saskatchewan and the drinking practices of young adults is explored. In addition, literature on the key concepts of health promotion, engagement, empowerment in public health education, and the use of online or "virtual" methods of health promotion is presented. In Chapter Three, I have provided a detailed overview of the process of the CFC, which is crucial to understanding my methodology, analysis, and discussion/conclusions. Next, in Chapter Four, the theoretical framework or conceptual model applied in this thesis, Laverack and Labonte's (2000) *Planning Framework for Community Empowerment Goals within Health Promotion*, as well as why I

chose this model is discussed. In Chapter Five the mixed methods used in this thesis (i.e., interviews, participant observation, and event evaluation) are described, detailing the design, sample/participants, procedures, and the limitations of my thesis. The focus of Chapter Six is the presentation of my analysis and findings derived from three data sources (semi-structured interviews, the event evaluation, and participant observation). Within Chapter Seven, my primary research question is addressed through the discussion of the process of the CFC as related to my conceptual model (Laverack & Labonte, 2000). In addition, insight into my secondary research questions about the outcomes of the CFC event and how well it met its stated objectives is assessed. The conclusion of this chapter is a series of recommended directions for future health promotion practice and public health education initiatives, as well as proposed directions for future research.

CHAPTER TWO: LITERATURE REVIEW

> It's just about finding something that's close to a balance between that structure and researched approach and the chaos of community…It's like, how can we as a society figure out what's missing from the growing up experience of young people, and how can we strengthen or supplement what's missing in a way that's not too unnatural or contrived…It comes from the community [and] so [we have] an opportunity to do this, and government and organizations [should] reach out to where the communities are already and offer opportunities for genuine partnerships. (Event Participant).

2. Introduction

Chapter One of this thesis provided a broad overview of some of the key public health issues surrounding alcohol use, specifically with regard to young adults and excessive drinking. It also introduced the CFC event, *How Much is Too Much? A Conversation for Change: Young Adults and Alcohol*. The first step in answering my primary and secondary research questions was to conduct a search for significant literature related to alcohol use and central concepts applicable to this research. In this chapter I begin by elaborating on the information already supplied about alcohol use in Canada and Saskatchewan. This allows me to examine the issue in more depth and provides evidence for the need to address young adult excessive drinking within the Saskatchewan community. Then, I narrow my focus to examine excessive young adult alcohol use as a prominent health concern. Here, I present information about young adult alcohol use in general, as well as in a Saskatchewan post-secondary student population.

The subsequent sections present information on concepts that are central to my analysis of the process of the CFC and informed my choice about the conceptual framework used in this thesis (Laverack & Labonte, 2000). The Laverack and Labonte (2000) model was chosen specifically because of its efforts to integrate *top-down* and *bottom-up* components within health promotion. It is the *bottom-up* components, such as public engagement, empowerment, and action towards social change that are the most significant to the CFC. To do so, I first defined concepts of health, health promotion, and health promotion strategies. Next, I described empowerment, as well as its importance in health promotion and public education practice. This is particularly relevant to my analysis of the CFC, as a key objective of all stages of this event were designed to empower the Saskatchewan community. With this in mind, I then present literature on public education, distinguishing between *traditional* and *experiential* methods and describe the linkages between experiential learning and empowerment. The significance of this to the CFC was the event's objective to create an educational environment in which the

Saskatchewan community could be engaged. Finally, I turn to the literature on the use of the Internet as a method of health promotion, which was a strategy that was used in the CFC (as a webinar and a blog following the event). Although there is little available research on the use of blogs as a means of health promotion and education, literature exists on the use of blogs in other contexts that can feasibly be extended to my thesis. Together, this literature provides the foundation for my research and analysis.

2.1 Alcohol Use in Canada and Saskatchewan

In Canada, alcohol is legal, easily accessible, government sanctioned, and its consumption is widely accepted by the general public, with approximately 80% of Canadians over the age of 15 having reported using alcohol in the past year (Adlaf et al., 2005). However, despite its common usage, alcohol use is associated with many problematic health, social, and economic consequences (Thomas & Davis, 2007). Alcohol-related harms are diverse, and alcohol use has been significantly related to over 60 direct (e.g., liver cirrhosis, alcohol dependence, alcohol poisoning), and indirect (e.g., motor vehicle collisions, suicides, injuries, cancers) outcomes (Ramstedt, 2004; Rehm et al., 2002; Rehm, Giesbrecht et al., 2006).

In terms of the average levels (amount) of alcohol consumption in Canada, the CAS revealed most Canadians drink in moderation the majority of the time (Adlaf et al., 2005). Despite this, binge or excessive drinking has emerged as a popular trend and significant public health issue (Adlaf et al., 2005; APN, 2006; Health Canada, 2008; National Alcohol Strategy Working Group [NASWG]). Recently released Canadian Low-Risk Drinking Guidelines (CLRDG) have delineated healthier drinking patterns that take into account the benefits and negative impacts of alcohol use (Butt et al., 2011). Specifically, to avoid long-term health impacts of alcohol use (e.g., cancer, liver cirrhosis, hypertension) it is recommended that women drink between zero and two standard drinks per day[5], and no more than 10 standard drinks per week (Butt et al., 2011). For men, it is recommended that between zero and three standard drinks per day are consumed, with a cut-off of 15 drinks per week (Butt et al., 2011). In terms of short-term risks (risks linked to *per occasion* drinking), the CLRDGs states that women should not exceed three standard drinks per occasion, and men should not exceed four standard drinks (Butt

[5] A "standard drink" is defined as: "equal to a 341 ml (12 oz.) bottle of 5% strength beer, cider or cooler; a 142 ml (5 oz.) glass of 12% strength wine; or a 43 ml (1.5 oz.) shot of 40% strength spirits" (Butt et al., 2011, p. 8). This means that a Canadian "standard drink" is equal to the consumption of 17.05 ml or 13.45 g or ethanol (Butt et al., 2011, p. 8).

et al., 2011). In addition, for both males and females, it is suggested that no more than two drinks are consumed within a three-hour period (Butt et al., 2011). These guidelines have been established based on the best available empirical evidence about alcohol consumption, and indicate that any drinking that exceeds these amounts can be considered binge or excessive drinking (Butt et al., 2011). The CLRDGs also presented different guidelines for young adults between the ages of 19 and 24. Specifically, they recommended that within this age group women should not drink more than two drinks per day and men should not exceed three drinks per day (Butt et al., 2011). Thus, recommendations for low-risk drinking for young adults indicated that the amount of alcohol considered safe to consume is even lower than that of adults (ages 25 and over).

Alcohol use is a very complex issue to address due to a myriad of social and cultural influences. In particular, alcohol consumption in Canada has achieved a high level of sociocultural significance and its use is common among youth, young adults, and adults (Adlaf et al., 2005). The focus of this study is on young adult excessive drinking, which may be even more complex, as this drinking pattern has become a widely acceptable component of young adult culture. One major contributing factor is the pervasive view that young adult excessive drinking is a *rite of passage* in the developmental trajectory towards adulthood (Crawford & Novack, 2006).

National trends in alcohol use are paralleled in Saskatchewan. For instance, Saskatchewan rates of use are comparable to the national average (78.2% for the former versus 79.3% for the latter) (Adlaf et al., 2005). Consistent with reported national increases in use (NASGW, 2007), Saskatchewan alcohol sales (by volume and per capita) of beer, wine and spirits have increased steadily from 2004-2009 (Saskatchewan Liquor and Gaming Authority [SLGA], 2009). These SLGA (2009) statistics demonstrate consistent yearly increases in sales of all types of alcohol and highlights the need to examine alcohol use, especially among young adults in the Saskatchewan community.

2.2 Young Adults and Alcohol Use: A Key Public Health Concern

Alcohol use is firmly embedded in Canadian culture, and a related prominent public health consideration is that Canadians are initiating alcohol use at increasingly younger ages. For instance, research demonstrates that the frequency and amount of alcohol consumed by youth has increased significantly since the 1990s (Adalf, Paglia, Ivis, & Lalomiteanu, 2000). In Canada,

the current average age for young people to begin to consume alcohol is 15.6 years of age (NASWG, 2007). The implications of this pattern are a major concern, as it as been found that the younger an individual begins drinking, the higher the likelihood that they will consume more alcohol (i.e., binge drink) during a single occasion (Adlaf et al., 2005). This is a pattern that often persists and increases as youth enter young adulthood (Crawford & Novak, 2006).

There are limitations to available research on rates of young adults' alcohol use, as the majority of research is conducted using samples of university or college students (e.g., Riley et al., 2005; Wechsler et al., 2003; Weitzman, Nelson, & Wechsler, 2003). This is problematic, as it does not account for those young adults who do not graduate from high school or pursue post-secondary education. One possible reason for the focus on post-secondary studies is that they offer a confined environment in which it is easier to measure drinking behaviour of the young adult demographic (e.g., Hingson & Howland, 2002; Wechsler et al., 2002; Weitzman & Nelson, 2004). In contrast, young adults outside of this environment are more dispersed and more difficult to engage in research. Consequently, reaching and surveying this population can be difficult, with the exception of national studies such as the CAS (Adlaf et al., 2005). Although this population is equally important to reach in health promotion and education efforts, this contributes to the current gap in available literature studying the prevalence, experiences, and patterns of alcohol use in the young adult population.

There are many harms associated with alcohol use among all young adults (including both college and non-college populations), the majority of which are correlated with increases in or excessive use of alcohol (e.g., Ramstedt, 2004; Rehm, Giesbrecht et al., 2006)**.** Alcohol-related harms are far reaching and affect many domains of functioning, including: cognitive (e.g., decline in academic performance) (Chiauzzi, Green, Lord, Thum, & Goldstein, 2005); interference with brain development, which continues through adolescence and into the early years of young adulthood (Spear, 2002; Tapert, Caldwell, & Burke, n.d.); aggressive behaviour or violence (as perpetrator or victim) (Hingson, Heeren, Winter, & Wechsler, 2005); alcohol dependency (Durant, McCoy, Champion, & Rhodes, 2008); psychosocial factors (e.g., depression, strained relationships with family or friends) (Molnar, Busseri, Perrier, & Sadava, 2009); and risky sexual behaviours (Parks, Hsieh, Collins, Levonya-Redloff, & Kind, 2009).

2.2.1 Study on Alcohol Use among Saskatchewan College Students

A recent survey of alcohol use among Saskatchewan university/college students[6] also sheds light on the high level of alcohol use among young adults in the province (Chopin et al., 2011). In this survey, a total of 378 university/college students between the ages of 19 and 29 (with a mean respondent age of 22.9) provided information on their drinking habits, the reasons why they consumed alcohol, and the alcohol-related harms they had personally experienced. In this study, 91.5% of respondents indicated that they drank alcohol, with 34.4% stating that they drank weekly, and 27.6% stating that they drank two or three times a month (Chopin et al., 2011). The high percentage of students that reported using alcohol demonstrates the need to address this issue within the Saskatchewan young adult population. This study also indicated that students tended to drink more alcohol on Friday and Saturday nights (average of approximately 6-7 drinks) relative to other days of the week (Chopin et al., 2011). The reported amount of alcohol consumed far exceeds the CLRDGs for the young adult population (Butt et al., 2011) and is thereby categorized as excessive drinking.

Students were also asked to indicate why they chose to drink alcohol. Results demonstrated that reasons included: to socialize (85.9%), to relax (48.6%), to get drunk (35.2%), that drinking is part of college culture/life (21.7%), too much stress (16.9%), to avoid being sober among drunk peers (16.4%), peer/social pressure (12.7%), and, nothing else to do (8.4%) (Chopin et al., 2011). Thus, for this sample of students, drinking was primarily related to socialization. This is congruent with the assertion that alcohol use is embedded in the social life of young adults (Crawford & Novak, 2006). These responses also provide additional evidence for the idea that excessive drinking is an expected part of young adult culture, in that a substantial number of students were found to drink solely for the purpose of getting drunk, to fit in with expectations (in post-secondary culture), to avoid being sober amongst peers, or because of peer pressure.

Finally, students were asked to record the negative effects of alcohol that they had personally experienced. The top five reported harms included: having a hangover (75.9%), spending too much money (68.5%), regrettable actions or choices (64.8%), blacking out (45.2%), and, experiencing negative emotions (e.g., anger, sadness, depression) (44.4%) (Chopin et al., 2011). Other negative impacts included: missing classes, work or other obligations (32.8%); meeting people they would not want to meet when sober (27.5%); weight gain (27.5%);

[6] The majority of students surveyed attended the U of S.

relationship problems (i.e., with friends, family, colleagues) (24.3%); fighting (23.3%); unprotected sex (21.7%); drunk driving/driving under the influence (DUI) (16.9%); trouble with the law (9.3%); and, alcohol poisoning (9%) (Chopin et al., 2011). These responses provide further evidence of the wide array of possible harms associated with alcohol use, including physical, health, social, relational, emotional, and legal impacts. It is interesting to note that despite these alcohol-related harms, frequent and excessive alcohol use continues among Saskatchewan students.

Overall, it is evident that alcohol use (and unhealthy alcohol use) has become a deeply engrained feature of Canadian and Saskatchewan culture, and there is an urgent need to shift the cultural construction of alcohol use away from a *culture of excess* to a *culture of moderation* (NASWG, 2007). Based on both provincial findings and the high national reported rates of young adult alcohol use, it is not surprising that alcohol has become firmly integrated into the social scene of young adults. This has led to casual attitudes about excessive alcohol use among young adults, both within the specific demographic (Crawford & Novak, 2006; Riley, Durbin, & D'Ariano, 2005) and amongst the general public (Adlaf et al., 2005; APN, 2006). As a result, public health practitioners face the nearly impossible task of attempting to change or denormalize a culturally entrenched phenomenon and promote society-wide changes in attitudes and behaviours.

2.2.2 Sub-Demographic Factors: Gender and Ethnicity

The issue of young adult alcohol use is further complicated by sub-demographic factors. Specifically, despite its widespread cultural entrenchment, alcohol use is not experienced or perceived similarly by all society members or groups (e.g., based on gender or ethnicity). For example, studies of gender differences have found that the negative impact of alcohol use on physical health is greater for women (Greaves & Poole, 2008), due to physiological factors such as how alcohol is processed by the female body (National Institute on Alcohol Abuse and Alcoholism [NIAAA], 2008). This can result in increased risk of illness and disease such as breast cancer, or result in having a child with Fetal Alcohol Spectrum Disorder[7] (NIAAA, 2008). Furthermore, this is compounded by the increase in problematic patterns of alcohol use that have

[7] Fetal Alcohol Spectrum Disorder (FASD) is the most common developmental disability in Canada (Poole, 2008). FASD is caused when a woman consumes alcohol during pregnancy. Alcohol is a teratogen that can impact fetal development (especially brain development) that can lead to lifelong cognitive, learning, and behavioural problems for the child (Olney, 2004).

been increasing steadily among women (Greaves & Poole, 2008). Historically, males have been found to consume more alcohol more frequently than females, but research reports that this gender gap is narrowing (Wechsler et al., 2002). Other gender-specific harms among female young adults include unwanted sexual activity (i.e., rape or sexual assault) (Abbey, 2002), as well as unplanned pregnancy due to unprotected sex (Sen, 2002).

Another factor worthy of consideration is the high percentage of Aboriginal peoples that comprise the Saskatchewan population. Based on 2006 Canadian Census data, Saskatchewan was found to currently has the second highest percentage of Aboriginal peoples in Canada (14.88%) and this number continues to grow (Government of Saskatchewan, n.d.). Statistics also indicate that the average age of the Aboriginal population is significantly younger than that of the Saskatchewan population as a whole. Specifically, 47.1% of those who self-identified as Aboriginal were between the ages of 0 and 19, relative to 24.1% of the non-Aboriginal population (Government of Saskatchewan, n.d.). The high percentage of the Saskatchewan population that is comprised of young Aboriginal peoples means that young adult excessive drinking may be more prominent among this sub-demographic. In addition, Aboriginal culture[8] may play a key role in understanding and addressing young adult excessive drinking in this population. Another factor that could contribute to higher-risk among this group is that the current health status of Aboriginal peoples in Canada is significantly lower than those of the Canadian population (Health Council of Canada, 2005), which could also impact views and perceptions of alcohol use (Young, 2003).

In addition to the high proportion of Aboriginal young adults in Saskatchewan, other ethnic differences among Saskatchewan young adults are related to immigrant status. The 2006 Canadian Census data reported that Saskatchewan has had its first increase in the immigrant population since 1931, and that immigrants and non-permanent residents made up 5.5% of the total Saskatchewan population (Government of Saskatchewan, 2007). Although the information provided does not speak to where individuals are immigrating from, the literature does offer insight into the relationship between alcohol use and immigration status among young people. In particular, young immigrants have been found to drink less alcohol and less frequently than

[8] Aboriginal culture is distinct from other discussion of the culture of alcohol use in Canada and Saskatchewan. In this context, Aboriginal culture refers to a distinct set of beliefs and practices that might differ from those of the non-Aboriginal population.

individuals born in Canada or immigrants who have lived in Canada over 10 years. Research indicates that as young immigrants become more integrated into Canadian society (the more years lived in Canada) the more likely they are to engage in drinking patterns similar to their peers (higher amounts and frequency of drinking) (Canadian Council on Social Development [CCSD], n.d.; McDonald, 2005). Based on these findings, it is likely that young adults who have recently immigrated to Saskatchewan may have different perceptions and experiences about alcohol use. Consequently, when examining alcohol use in Saskatchewan, this growing demographic must also be considered. As a whole, this evidence demonstrates how young adults cannot be viewed as a homogenous group, as well as the necessity of considering factors such as gender, ethnicity, and cultural diversity when exploring young adult drinking behaviours and experiences.

2.3 Summary of Literature on Young Adult Alcohol Use

As a whole, this review highlights the importance of addressing the public health issue of young adult excessive alcohol use. A combination of the factors (e.g., alcohol culture, reality of high rates of use, alcohol-related harms, sub-demographic considerations) make this issue worthy of attention by government, service providers, the general public, researchers, and young adults themselves. By working towards the denormalization of young adult excessive alcohol use, it may be possible to lower the costs and harms associated with this practice. Nevertheless, the research to date indicates that knowledge acquisition and public education about young adult excessive alcohol use and its harms are not enough to change attitudes and behaviours. This raises the question of: What might make a difference and how it is possible to get the public engaged with the information that is provided? The literature suggests that one possible avenue to answering to this question is the integration of empowerment into the process of public health education, a health promotion strategy that allows the public to take a more active role than what is currently put forth in passive public health education efforts.

2.4 The Importance of Empowerment in Health Promotion

The World Health Organization (WHO) defines health as a "state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity" (WHO, 1946, p. 100). In other words, health is about more than lack of disease, it is a positive and holistic construct that embodies overall wellbeing. Thus, *optimal health* includes social, environmental, mental, spiritual, and intellectual elements (O'Donnell, 1989). Congruently, health promotion in

practice is defined as "the process of enabling people to increase control over, and to improve, their health" (WHO, 1986, p.1). In this sense, health promotion is taken further than disease prevention and is broadened past the individual level to include the community, environment, and policy (WHO, 1986). In the 1986 Ottawa Charter for Health Promotion[9], five *action areas* for health promoters were defined: a) build healthy public policy, b) create supportive environments for health, c) strengthen community action for health, d) develop personal skills, and e) re-orient health services (illness prevention and health promotion) (WHO, n.d.). Three overarching strategies for health promoters were also identified, including acting as an enabler, a mediator, and an advocate (WHO, n.d.). The practice of health promotion is diverse, and includes an array of potential approaches and methods. According to Catson (2004), key health promotion strategies include: a) communication, b) public health education, c) changes to legislation or policy, d) organizational change, e) community development, and f) local activities directed as specific health hazards (p. 2). While the thesis focused on the CFC, which was primarily a public health education strategy, other strategies such as community empowerment and promotion of action were also integrated into the event.

The idea of empowerment is a crucial element of the Charter, which stresses that a central feature of health promotion is working to strengthen community actions and that "at the heart of this process is the empowerment of communities…their ownership and control of their own destinies" (WHO, 1986, p. 3). Other relevant elements of the Charter include an emphasis on utilizing the community to "enhance self-help and social support, and to develop flexible systems for strengthening public participation in and in the direction of health matters" (WHO, 1986, p.3)**.** The concepts of *strengthening community action*, *ownership and control*, and *public participation* are crucial to this research and can be linked together through an understanding of empowerment.

According to Green and Tones (2010), empowerment is a process that follows a model of reciprocal determinism, which interacts at both individual and community levels, as well as influencing and being influenced by the environment. Finding a way to explicitly define empowerment can be difficult, and it is important to consider a number of key factors (Ferreira

[9] In 1986, the WHO organized the First International Conference for Health Promotion in Ottawa, Ontario. The Ottawa Charter for Health Promotion is an international agreement to implement stronger health promotion actions at international, national and community levels (WHO, 1986).

& Castiel, 2009; Labonte, 1994; Rissel, 1994). For example, Rissel (1994) argued that a distinction must be made between psychological (individual) and community (collective) levels. Consistent with Green and Tones (2010), empowerment at a community level must also include empowerment at an individual level (Rissel, 1994). Ferreira and Castiel (2009) make a similar distinction, but use the terms *conservative* and *critical* to distinguish between the psychological (the former) and the community (the latter) levels. Moreover, they state that psychological and community empowerment represents "micro and macro analytical levels of a broader concept (empowerment)" (Ferreira & Castiel, 2009, p. 74). However, while individual empowerment is a key component of community empowerment, it may be "a necessary but not sufficient condition" (Ferreira & Catiel, 2009, p. 74). Thus, research emphasizes the crucial nature of the interrelationship between individual, community, and structural factors.

Also of particular significance to this study is Rissel's (1994) questioning of whether either level of empowerment (psychological or community) is a process or an outcome. Here, it is asserted that both types of empowerment are outcomes, although the "process of personal and community development operates simultaneously to lead to a psychological sense of empowerment… as well as some stake in the structural environment" (Rissel, 1994, p. 44) such as social action. Due to the use of technology as a facilitator of engagement in the CFC, it is interesting to note that this empowerment model of community can be extended to virtual or online communities (Green & Tones, 2010). Thus, while community members may not share geographical proximity, it is possible for them to share an identity and purpose. In fact, it has been stated that a "virtual community may actually have more power at its disposal than a real community" (Green & Tones, 2010, p. 44). In short, converging evidence reveals the importance of reciprocal determinism between the individual, community, and environment as part of the health promotion process (Green & Kreuter, 2005; Green & Tones, 2010), as well as its relationship to outcomes (i.e., engagement and empowerment) (Labonte, 1994; Rissel, 1994).

Based on the information provided above, it is useful to define empowerment in its ideal manifestation, whereby a "community…is beneficial for its individual members, and the individual characteristics and capabilities of these individuals contribute to the power of the community as a whole" (Green & Tones, 2010, p. 44). Social action is a major product of community empowerment, so once this balance between individuals and the community has been achieved, a firm foundation for community mobilization for change can be established

(Green & Kreuter, 2005). This is consistent with Ferreira and Castiel's (2009) argument that social action is the ultimate goal of empowerment, and that this is a relational process that requires a focus on participation, "without which there is no social transformation" (p. 74). In addition to the importance of participation and social action, it is critical to understand the characteristics of an empowered community and how it can facilitate participation. Specifically, these characteristics involve: a) a sense of community, b) an active commitment to social goals, and c) social capital (Green & Tones, 2010, p. 44). Together, this information suggests that for the CFC to have its desired effect, it will be necessary to apply a framework that facilitates empowerment among participants as community members. The logistics and methods of integrating empowerment into health education will be discussed in the context of the theoretical model used for this thesis (Chapter Four).

2.5 Moving Beyond Traditional Public Health Education: Empowering and Engaging the Public

In health promotion practice, a common way of disseminating information is public health education (e.g., events, workshops, or presentations). However, not all strategies for public health education are created equal. Green and Tones (2010) note that there is a firm distinction in the process and goals of two distinct types of health education. In the first, *health education as persuasion*, the goal of the educational endeavor is to "'coerce' people into adopting 'approved' behaviours to prevent disease and improve health" (p. 303). The second type is *health education as empowerment* (Green & Tones, 2010). Here, the goal is to "strengthen the individuals' capacity to control their own health (self or individual empowerment) and work collectively to achieve supportive environments for health (community empowerment)" (Green & Tones, 2010, p. 303). Interestingly, these two distinctions for the process of health education (psychological and community levels) are consistent with the requirements and outcomes of empowerment discussed above (e.g., Ferreira & Castiel, 2008; Labonte, 1994; Rissel, 1994). Also parallel to the above discussion is the concept of *critical health education*, in which the goal is to use education specifically to promote and achieve social action and change (Green & Tones, 2010). Thus, a key factor in the analysis of the planning, implementation, and evaluation of the CFC will be to determine how and how well it moved beyond coercive methods and towards empowerment and critical education streams.

Thus far, this chapter has focused on empowerment in general, as well as empowerment in the context of educational approaches used in health promotion. What has yet to be provided are examples of concrete strategies for increasing empowerment in public health education. Consequently, another construct and practice of importance is the notion of public *engagement* in the educational/empowerment process (Green & Tones, 2010). One effective way to understand the engagement process is to look at the differences between *traditional* and *experiential* models of learning. For instance, in experiential learning, the learner is engaged and takes an active role in the learning process. Strategies for engagement include: a) negotiating content, b) negotiating ground rules, and c) communicating with (sharing information and learning from) others (Ryder & Campbell, 1988). In contrast, in traditional education models, the learner takes a passive role, is subject to content determined by the teacher or expert, and is discouraged from interacting and communicating with other learners (Ryder & Campbell, 1988). A major distinction between the two types of learning can be seen in terms of the metaphor of how traditional education practices view learners as "empty vessels to be filled with knowledge" (Green & Tones, 2010, p. 314). Conversely, experiential learners are viewed as having existing knowledge gained through experience and as capable of filling *themselves* with knowledge. Congruently, experiential learners are encouraged to engage with the material, take ownership of their learning, and collaborate with others to develop more meaningful acquisition and later application of knowledge (Green & Tones, 2010). This method of learning is also linked to greater integration of knowledge into the thought processes, beliefs, attitudes, and actions of learners (Green & Tones, 2010; Ryder & Campbell, 1988).

Increasing health literacy has been identified as a way to increase empowerment when using public health education as a means of transmitting information (Nutbeam, 2000; Nutbeam, 2008) and is strongly related to the process of experiential learning. Nutbeam (2000) asserts that without a more complex understanding of health literacy and the outcomes of health education, empowerment will not be achieved. Specifically, it is asserted that, "improving health literacy...[means] more than transmitting information, and developing skills to be able to read pamphlets" (Nutbeam, 2000, p. 259). Instead, promotion of health literacy through experiential educational processes should be about "improving people's access to information and their capacity to use it effectively" (Nutbeam, 2000, p. 259). One way that this can be achieved is through the use of health education strategies that attend to the specific needs of the community,

and focus on what the education enables people to do (Freebody & Luke, 1990; Nutbeam, 2000; Nutbeam, 2008). The expanded concept of health literacy in public health education is a factor that was considered in planning the CFC in that it focused on improving access to knowledge about the individual, community, sociocultural, and policy factors surrounding young adult excessive drinking, as well as potential strategies for how to use this information (i.e., changing drinking behaviour or policy change).

In summary, public health education using experiential methods has the capacity to increase individual and collective empowerment with understanding that the "mere transmission of information is not the same as relatively permanent change in knowledge, disposition, or capacity" (Green & Tones, 2010, p. 299). Related to experiential learning, it was noted that extending the concept of health literacy in public health education events is a means of facilitating empowerment through knowledge acquisition and its application (Nutbeam, 2000; Nutbeam, 2008). Thus, it logically follows that education events such as the CFC, which allow participants to become engaged in the learning process, will be more successful at the development of empowerment, as well as having a greater likelihood of motivating both attitude/behaviour change and social action.

2.6 Research on Public Health Education: The Issue of Dichotomization

In the preceding review of literature on public health education, existing research was presented in a way that suggested there were concrete dichotomies between different approaches. For instance, health promotion practice was presented as top-down versus bottom-up, and models of education were represented as either traditional or experiential. It is important to note that these distinctions are somewhat arbitrary and were included as a means to facilitate greater clarity about the key concepts evoked in this thesis. In other words, it is important to acknowledge that the line between these two approaches is not so clear and that there is a *middle ground* within the health promotion and education literature.

In the 1990s, health education practitioners and researchers began to examine the concept of community empowerment and recognized its potential value as a way to increase the efficacy of the health education process. At its core, this represented a shift in emphasis from individual change to the incorporation of features of community change (Wallerstein & Bernstein, 1994). The change towards consideration of both the community and the individual in health education was explicitly represented in Green and Kreuter's (1990) forecast for the direction of health

promotion and education in the 1990s. Specifically, the forecast asserted that there was a need for the combination of "*health-directed* behavior to reduce...[the] risks of premature death [and] disease" and the "*health-related* behavior of individuals, as well as whole families, groups, communities, and organizations" (Green & Kreuter, 1990, p. 319). Congruently, the importance of incorporating the community emerged as a model in which "health educators [do] not just develop programs aimed at individual behavior change, but also engage in collective action for social change" (Israel, Checkoway, Schulz, & Zimmerman, 1994, p. 150). Thus, researchers focused on the construct of community empowerment and it could be combined with individual change, the inclusion of organizational factors, and the empowerment process (Israel et al., 1994). Although the definition or use of community empowerment was not firmly established, theory about how to combine both perspectives emerged. In one study, the shift in theory and practices was delineated using the metaphor of camera lenses. In particular, "a theory that considers only the relationship between individual behavior and...illness allows only a narrow field of vision" (Israel et al., 1994, p. 166). In contrast, "when looking through a wide-angle lens many objects are in focus within a broad field of view...[and] such is the case when using the...concept of community empowerment" (Israel et al., 1994, p. 166). Thus, "health educators need to have multiple camera lenses within their repertoire, in order to view the diverse people and situations with which we work" (Israel et al., 1994, p. 166). However, during this time period (and continuing into the present) (Braunack-Mayer & Louise, 2008) the construct and application of integrated approaches remained somewhat vague and not coherently defined (Wallerstein & Bernstein, 1994).

Despite these efforts to integrate *top-down* and *bottom up* approaches and *traditional* and *experiential* learning, tensions between these concepts remain (Laverack & Labonte, 2005). Currently, researchers continue to contend with the development of theory and methods that consolidate these contrasting approaches. For example, in an effort to establish a more cohesive understanding of the middle-ground perspective, Braunack-Mayer and Louise (2008) developed a theory of empowerment called Reflective Equilibrium Community Empowerment (RECEO). Here, the RECE approach is based on the idea that "health practitioners engage in reflective equilibrium between expert judgments that are informed by theory and experience, and the judgments of community groups" (Braunack-Mayer & Louise, 2008, pp. 7-8). The RECE understanding of community empowerment is indicative of how health educators might diminish

the separation of dichotomous understandings of health promotion and combine these methods in the future.

In summary, the practice of health education and promotion has evolved since the 1990s, when researchers questioned the value of focusing only on the level of the individual. Consequently, the concept and potential application of a combination of both individual and community empowerment was explored in research. Although definitions and the application of middle-ground approaches continue to be examined and refined in contemporary literature, it is essential to note that the concrete dichotomies between theories and methods presented in my literature review were created to promote knowledge about key concepts, rather than to assert that such a distinct split exists.

2.7 Online Methods as a Catalyst for *Continuing the Conversation*

As will be discussed more depth in Chapter Three, the utilization of virtual space was prominently incorporated into the structure of the CFC in multiple ways, including: a) an online pre-survey (to gather information prior to event), b) broadcasting the event live as a webinar (during event), and c) an online blog (post-event). Although there is currently limited literature on the efficacy of using online methods in health promotion, the existing information sheds light on the use of these methods to increase empowerment.

One striking example of the successful use of an online strategy is in a study conducted by Grierson, van Dijk, Dozois, & Mascher (2006). Specifically, researchers evaluated the effectiveness of using the Internet as a vehicle for implementing smoking bylaws in a Canadian urban community and found this method to have a high level of success (Grierson et al., 2006). To do so, a website describing the issue and encouraging those who accessed the website to send emails to the city council was established. The success of this initiative was related to four critical elements of public/civic participation (Goodman et al., 2004), which included: a) a strong participant base, b) a diverse network of individuals with motivation to take actions toward a shared goal, c) community involvement in defining needs and strategies for addressing these needs, and d) ensuring that the benefits of participating in the initiative exceeded perceived costs (e.g., time or energy expended). In addition, Grierson et al.'s (2006) post-initiative survey of community members who participated in the process revealed that many had never been directly involved in pursuing social action, and that their involvement during the process had created a willingness to participate in future social action if it involved a health issue they were passionate

about. This study also suggests factors that may useful in the successful promotion of social action using online methods: a) providing information that educates and increases awareness, b) including participants who have a passion or adequate level of interest about the issue, and c) using a simple and concrete method of taking action to address the issue (Grierson et al., 2006). Overall, these results offer preliminary evidence that online methods have the capacity to engage and empower the public. Furthermore, the findings of this study may be useful when considering the specific use of virtual space in the CFC and other ways that it might be incorporated into future public health education efforts.

A key component of the CFC process involved the use of an online blog that participants could access following the event. Unfortunately, literature on the efficacy of blogs, especially in the context of promoting engagement about health-related issues, is only in its beginning stages. However, there has been a recent interest in examining the use of Web 2.0 applications and technology as a means of disseminating health information (Adams, 2010; Boulos & Wheelert, 2007; Eysenbach, 2008). According to Boulos and Wheelert (2007), Web 2.0 includes online methods such as: Wikipedia, blogs, and social networking (e.g., Facebook). Further, consistent with the goals of the CFC, it was reported that: "Web 2.0 encourages a more human approach to interactivity on the Web, better supports group interaction, and fosters a greater sense of community in a potentially 'cold' social environment" (Boulos & Wheelert, 2007, p. 3). Furthermore, research reports that the Internet "is about conversations, interpersonal networking, personalization and individualism" (Abrams, 2005, as cited in Boulous & Wheelert, 2007, p. 3).

Although there is some disagreement about terminology used in discussing Web 2.0 in the context of health information (e.g., Health 2.0 or Medicine 2.0) (Adams, 2010; Eysenbach, 2008), there is agreement that these online strategies can facilitate factors such as: a) collaboration, b) participation; c) apomediation[10]; and d) openness (Eysenbach, 2008). This is in direct contrast to the "traditional, hierarchical, closed structures within health care and medicine" (Eysenbach, 2008, p. 5). Yet another benefit of online methods of communication is that they can facilitate "collective intelligence," where user "engagement with content promotes a sense of community, empowerment and ownership for users" (Boulos & Wheelert, 2007, p. 4).

[10] *Apomediation* is a term used to describe how most health information is accessed on the Internet. It refers to the ability to go directly to the information without a mediator such as an expert health professional and gain information from peers (Eysenbach, 2008).

Based on these preliminary findings, the web-based strategies used in the CFC (pre-event survey, interactive webcast during the event, follow-up online blog) are promising. For instance, Madden and Fox (2005) indicate that approximately 80% of individuals over the age of 28 who are regular Internet users visit blogs, suggesting that this may be an effective strategy for continuing the conversation. However, there are some limitations available in the literature about using Web 2.0 methods as a health promotion strategy. Specifically, the majority of research focuses more on the dissemination of concrete health information, rather than discourse around health-related issues, the perpetuation of attitude/behaviour change and social action, or particular outcomes of these methods at fostering engagement or empowerment.

Far more research has been conducted on the process and outcomes of political blogs, of which some findings could feasibly be extended to this thesis. For example, a key study by Kaye (2005) found that this type of communication and online interaction can facilitate: a) a feeling of personal fulfillment (entertainment and social), b) social surveillance (better understanding of others' perspectives and opinions), and c) expression and affiliation (sharing of opinions among likeminded individuals). Similar to research on health-related Web 2.0 tools, research on political blogs indicates that a major reason that people utilize blogs is because they "foster a sense of community among users" (Johnson, Kaye, Bichard, & Wong, 2008, p. 104). Certainly, these outcomes are compatible with the goals of the CFC, although there are some potential difficulties in extending this research to the context of the post-event blog. Specifically, Johnson et al. (2008) report that individuals actively seek out blogs that are consistent with their existing beliefs and perspectives. This may be a crucial difference in public health issues such as young adult alcohol use, as this topic may be more contentious or incompatible with diverse beliefs. Although this could be viewed as negative, it might be beneficial in the CFC blog, as each participant brings a unique set of beliefs, attitudes, experiences, and opinions to the conversation.

In summary, online methods of public engagement using Web 2.0 tools in health promotion and empowerment/engagement perspectives is limited. On the other hand, preliminary evidence indicates that it has the capacity to be an effective and interactive health promotion strategy. It also appears that the popularity of these methods will continue and become more relevant and widely used in the future (e.g., Adams, 2010; Boulos & Wheelert, 2007). Although there is little information on the use of blogs specifically for empowerment and social action about health issues, research on the process and outcomes of political blogs demonstrates that

this method can facilitate many of the necessary conditions of empowerment (e.g., fulfillment, exposure to new opinions/perspectives, expression, affiliation) (Kaye, 2005; Johnson et al., 2008). Thus, the incorporation of this and other web-based strategies has the potential to increase engagement and a follow-up discussion after the event.

2.8 Conclusions

In Chapter Two I began by providing information about alcohol use in both Canadian and Saskatchewan contexts. I stressed the importance of addressing young adult excessive alcohol use as a public health concern and included information from a recent survey of Saskatchewan university students. The other component of this chapter was an examination of the literature on the concepts of health promotion, empowerment, and the benefits of experiential education strategies. Because it was a major strategy used in the CFC, I also assessed the use of virtual space or online methods of health promotion. Overall, these concepts and the literature that supports them are directly related to my evaluation of the process (and to some extent, outcomes) of the CFC and are integral to answering my primary and secondary research questions. The next chapter will provide concrete details about the process of the CFC.

CHAPTER THREE: "HOW MUCH IS TOO MUCH—A CONVERSATION FOR CHANGE: YOUNG ADULTS AND ALCOHOL USE"

> It does seem to me that there is a special brand of Saskatchewan alcoholism…I think that it has to do with our history of colonialism and alcohol. Alcohol in First Nations communities. Our farming history…I think that we have a special, even though alcoholism is everywhere, I think we have a special brand of it here and it's really prevalent and it's really sad, and it affects a lot of peoples' lives. (Event Participant).

3. Introduction

To fully understand the purpose and research questions I aim to answer in this thesis, it is necessary to have a strong and detailed understanding of the *Conversation for Change*. It is also important to grasp the intricacies of the event to comprehend the later data analysis (Chapter Six). To begin, a description of the rationale and objectives of the CFC is presented. Through this description of objectives, it becomes clear how the event organizers worked to create an active and empowering experience for event participants. I also address the necessity and practice of including the voice of Aboriginal peoples during the CFC. Next, I address the specific elements of the CFC (which are linked to the strategies chosen for the event), including how it was structured, as well as its use of a pre-event survey, webinar, and an online blog designed to continue the conversation following the event. This discussion provides insight into the process of the event and how it aimed to facilitate audience engagement and empowerment, in addition to setting the stage for attitude or behaviour change and potential social action at the community or provincial level.

3.1 A Conversation for Change: Rationale and Objectives

Overall, the rationale underlying the design of the CFC was to use strategies that had the capacity to meaningfully involve the Saskatchewan public in the process of the event in a manner that transcended traditional public health education efforts. A key consideration in this transcendence was the capacity for the event to transform the knowledge acquired at the CFC into relevant discussion, attitude or behaviour change, or allow for a shift into the realms of community change or concrete social action (Green & Tones, 2010; Laverack, 2005; Laverack & Labonte, 2000). The need to incorporate strategies that facilitated bottom-up (Laverack & Labonte, 2000) components such as the empowerment and engagement of the Saskatchewan community are strongly reflected in the objectives of the CFC.

3.1.1 Key Objectives for the CFC

Based on the goals of the CFC, a number of key objectives were established for the event:

1. To raise awareness of the issue of hazardous young adult drinking practices and the need to denormalize this culturally entrenched behaviour;
2. To empower individuals and the Saskatchewan community and let their voices be heard by enabling them to express their opinions and beliefs about key issues related to young adult alcohol use prior to, during, and following the CFC;
3. To provide different perspectives on the issue of young adult alcohol use by including panelists with diverse experiences with and perspectives on the issue, and including members of the Saskatchewan community; and
4. To utilize a virtual community (online) format to provide community members with the opportunity to sustain the discussion, engagement and empowerment potentially achieved through their attendance at the event.

These objectives are important in not only gaining an understanding of the concepts that were fundamental to the design of the CFC process, but also to frame the later stages of data analysis. One common feature of these objectives is their emphasis on the engagement and empowerment of the Saskatchewan community in the context of a public health education event.

3.2 The *Conversation for Change* Event

The CFC was comprised of a number of explicit strategies designed to meet the objectives described above. These strategies were integral pieces of the process of the event, and must be described in more depth. As I discuss the various components of the CFC, I highlight the measures taken to incorporate engagement, empowerment, and a multiplicity of voices into the conversation that took place before, during, and after the CFC.

3.3 Pre-Event Saskatchewan Survey about Young Adult Alcohol Use

In the weeks prior to the CFC, the Research Chair in Substance Abuse broadly disseminated an online survey to the Saskatchewan community to increase community involvement and engagement about the issue of young adult excessive alcohol use[11]. The survey was distributed widely through a network of organizations and individuals who might have an

[11] The results of this survey are discussed only briefly in this thesis to provide some additional information on the perspectives of the Saskatchewan community and to show the high level of provincial engagement around the issue of young adult excessive drinking. A copy of the survey can be found in Appendix A.

interest in the topic of alcohol use[12]. Response to this Saskatchewan survey was high, with almost 1000 individuals contributing their thoughts and opinions (Dell, 2010). The high number of individuals who engaged with the topic is an indicator of the importance of this issue at a provincial level. The original purpose of this survey was to inform the content of the keynote speaker's presentation; however, this did not end up being the case due to logistical factors beyond the Research Chair's control. That said, the results of the survey shed light on the specific issues related to young adult excessive alcohol use in Saskatchewan, and the wide range of respondents who commonly indicated how important this issue was in many Saskatchewan communities.

Two of the survey questions were used to acquire demographic information. The first, *What year were you born?,* showed the respondents varied widely in age, although far more adults than young adults participated. This makes sense given the networks of distribution for the survey, which ended up reaching a population mostly comprised of professionals (as this was the primary channel of distribution open to the Research Chair and other individuals involved in the survey distribution process). The second question, *What city/town/village or reserve in Saskatchewan do you live?,* highlighted the broad range of geographical locations represented by respondents. Although the majority of respondents were from major urban centers (i.e., Saskatoon and Regina), there was also representation from a vast number of smaller towns, villages, and reserves that comprise the diverse Saskatchewan community.

The final two questions were designed to get at the crux of the issue of young adult excessive drinking in the province. One was phrased as a test of knowledge about excessive drinking: *What do you consider excessive drinking by young adults (ages 19-24)?* Responses to this question suggested that respondents were already knowledgeable about the issue, which is logical as this was likely their impetus for participation in the survey. Many respondents highlighted the impact of excessive drinking on the lives of young adults (e.g., "excessive drinking is any amount of alcohol that has negative repercussions for school, work, involvement with the law, friends or family, relationships"). Other respondents cited specific numbers of drinks in specific time periods (e.g., "anything more than 4 drinks during one 'drinking episode'" or "greater than 12 drinks per week"). Although some of these numbers were not correct, they

[12] The pre-event survey was sent out to diverse members of the Saskatchewan community and respondents ranged from professionals, the public, and young adults.

showed that many respondents were interested in or familiar with the definition of binge or excessive drinking (e.g., Butt et al., 2011; Health Canada, 2008). The final question left room for respondents to state their opinions about the key issues surrounding Saskatchewan young adult alcohol use: *In your opinion, is young adult excessive drinking a problem in Saskatchewan?* The majority of respondents indicated that they perceived it as a provincial problem (e.g., "Yes, I think it is. It seems that young people use the excuse that there is nothing to do, so they drink to have fun. If a young person does not drink, they are definitely the exception to the norm and there is a lot of societal pressure to drink and get drunk"). Despite the predominant consensus that it was a problem within Saskatchewan, a minority of individuals disagreed. Two common understandings were: a) that it was not a problem in Saskatchewan anymore than it was anywhere else (e.g., "no more so than anywhere else"), or b) that excessive drinking among young adults was less of a problem than it had been in previous generations (e.g., "I think they are more responsible than we were when we were growing up and watch a lot more when and how much they drink"). A third reason for answering no fit with the notion that excessive of drinking was a rite of passage (e.g., "No because most who do drink excessively do it only once a month. One night out and one day spent being hungover is not much of a problem"). This response clearly demonstrates the perception that excessive drinking is simply part of the transition to young adulthood and constitutes normal behaviour in this population.

The Research Chair had a number of goals when constructing and distributing this survey. First, it was designed to raise awareness of the upcoming CFC event. Second, it was used to get a better understanding of the perceptions the Saskatchewan community had about young adult excessive drinking. Third, it was created to solicit feedback about what specific issues were most important when examining the problem of young adult excessive alcohol use. Overall, this survey demonstrated the high level of concern about young adult excessive drinking at a provincial level, as well the high level of engagement already existing among members of the Saskatchewan community. However, a limitation of this survey is that the data gathered was largely from individuals who were already well informed about young adult excessive drinking. If the sample was more representative of the varying levels of knowledge about young adult alcohol use (e.g., more young adults versus professionals), the results may have differed.

3.4 The Structure of the *Conversation for Change*

The CFC was held from 7:00pm to 9:30pm on September 22, 2010, in a large U of S lecture room, and was broadcast live as a webinar via the CCSA website. There were approximately 150 event participants who attended the event live, and approximately 300 that registered to view the event via the webinar. The organizers of the CFC intended to bring together diverse Saskatchewan participants as a community to discuss both the macro-level issue of denormalizing young adult excessive drinking, as well as more specific alcohol-related issues and perspectives. Consequently, a primary goal in the event structure was to provide information on a variety of topics significantly related to young adult alcohol use, especially in a provincial context. Another goal was to use an interactive and engaging structure that promoted dialogue between panelists and participants, as well as between the participants themselves. In addition, a networking and socialization period was organized following the event, which allowed participants to engage with one another, some of the presenters, and the event organizers.

The intention of the CFC was that it be structured as a public education conversation, rather than as a typical public education presentation. The event began with brief introductions and comments made by Dr. Colleen Dell (Research Chair in Substance Abuse) and Michel Perron (the Chief Executive Officer of the CCSA), which was followed by a brief speech and prayer from a Saskatchewan Aboriginal Elder (Sharon Acoose) for guidance and productivity during the event. In addition, Dr. Peter Butt spoke on behalf of the Saskatchewan Minister of Health, emphasizing emerging provincial initiatives in the field of addictions. The keynote speaker was André Picard, a nationally recognized public health and policy journalist for the Canadian newspaper, *The Globe and Mail*. In Picard's keynote, he broadly discussed young adult excessive alcohol use in Canada as something omnipresent, multicultural, and embedded in Canadian culture. He also emphasized the importance of education and continued dialogue. He briefly touched on some of the topics that were discussed in more depth by the panelists, including the role of the media, the potential impact of public policy, and the importance of developing and implementing concrete strategies for healthier drinking practices for and by young adults. Picard's keynote was intended to set the stage for the event, open up the topics that would be discussed, and place himself in the role of moderator for the evening.

Following Picard's 30-minute keynote, the next component of the event included four short (seven-minute) presentations by panelists, each of whom addressed a unique and relevant issue related to young adult alcohol use. These presenters/topics included: a) André Picard, who

discussed the culture of young adult drinking in Canada and Saskatchewan, and introduced the topics addressed by other panelists; b) Martina Matthewson, who discussed the culture and practice of alcohol use by young adults (from the perspective of a young adult); c) Fran Wdowczyk, who spoke to the influence of marketing and advertising on young adult drinking patterns; d) Dr. Louis Gliksman, who set forth the potential for policy change to minimize alcohol-related harms; and e) Barbara Robinson, who presented strategies for healthier young adult drinking practices. The short panelist presentations were followed by a 35-minute interactive question and answer period where audience members and webinar participants were able to engage in the conversation by asking the presenters questions or making comments about their own views on young adult excessive drinking. Finally, immediately following the CFC, there was a networking session that could be attended by participants, presenters and organizers. The intention of this session was to facilitate connections between individuals and groups, as well as facilitate relationship building between participants, presenters, and organizers.

One of the key strategies used in the organization of the process of the CFC was creating an environment that was conducive to engagement by placing participants and presenters on more even ground. Specifically, panelists were seated in chairs on the stage and did not use PowerPoint or any formal means of presenting on their topics. As participants quickly lined up at the microphones set at each side of the room to ask their questions or submitted their questions via the webinar (which were relayed to the audience by an individual monitoring the webinar), presenters entered into the discussion, often with multiple panelists responding to comments and questions. Each presenter contributed to the ongoing conversation and engaged with the audience members. There was overlap in panelist responses to many audience questions and comments, underlining the complexity and interconnections between diverse issues related young adult excessive drinking. In terms of the strategy of integrating the networking session, it is unknown how many individuals participated and whether or not connections or relationships were established.

3.4.1 Integration of Aboriginal Perspectives

As relayed in Chapter Two (section 2.2.2), Aboriginal peoples comprise a substantial proportion of the Saskatchewan population (Government of Saskatchewan, n.d.). Consequently, it was important to incorporate the Aboriginal perspective into many elements of the CFC. The Aboriginal voice was included multiple ways, beginning with the opening prayer by Sharon

Acoose to open up the audience to future considerations about Aboriginal culture (as distinct from the culture of alcohol use) and potential experiential and cultural differences related to young adult excessive drinking. Another strategy that was used to increase the Aboriginal presence at the CFC was the inclusion a panelist who was a member of the Saskatchewan First Nations community. Although the presenter did not explicitly identify herself as First Nations to the audience, she represented a crucial voice on the panel. In regard to differential experiences of alcohol use based on Aboriginal culture, this presenter stated: "I touched the spirit of something—there was a group of First Nations people there, so we talked about culture. They responded to one of the things I said about culture and being caught up in two different worlds." Finally, the importance of incorporating the Aboriginal voice is reflected in the inclusion of this perspective into my research. Specifically, in the interviews with young adults (section 6.3), I ensured that at least one participant was Aboriginal so that I could gain further insight into this particular perspective about alcohol use.

3.5 The CFC Webinar

Although the focus of the CFC was on Saskatchewan, the event could also be accessed as an online webinar, which could be viewed on the CCSA website. This approach both increased the accessibility of the event to Saskatchewan participants who could not attend the event in person, as well as allowed interested individuals from throughout Canada to view the event in real time. Another intended feature of the online webinar was that it provided viewers with the opportunity to similarly engage in the conversation by raising questions or comments that were conveyed to the panelists and audience who physically attended the event. A major benefit of this approach is that the video from the event was archived as a resource on the CCSA website (through YouTube) for interested individuals who could not view the event live. Consequently, the Bill Deeks 2010 lecture on young adult excessive alcohol use can continue to exert impact and inform individuals well into the future[13].

3.6 Continuing the Conversation: The CFC Blog

[13] The CFC event can be accessed at http://www.youtube.com/playlist?list=PL7CB1123471051262

Another online component of the CFC event was the creation of an online *Continuing the Conversation* blog[14]. The intention of the blog was to facilitate continued conversation amongst the Saskatchewan community about the CFC *after* the event by allowing further discourse on each of the issues raised by panelists. Another purpose was to tie all of the discussion together and explore the potential for community action.

The blog was mentioned numerous times during the event, and a sheet was circulated so that individuals interested in participating could provide their email addresses for later contact. Members from the Saskatchewan community who participated by webinar were also asked to submit their email addresses if they were interested in viewing or adding to the blog after the CFC. Individuals who signed the sheet or requested to be placed on the email list were sent weekly reminders about the blog and the topic that would be addressed in the upcoming week.

My role in the process of the CFC was to develop and monitor the CFC blog. The framework for the blog had been set up prior to the event, so that it could be initiated immediately following it. When creating the blog platform, I included information about how to post on the blog, how to retain anonymity, and netiquette rules for posting comments. As the blog moderator and facilitator, I provided the content for each week, as well as some potential discussion questions about each presentation and topic. I was also responsible for compiling the mailing list and sending out weekly reminders. Each week, the topic corresponded to one of the five presenters and their topics listed in section 3.4. In addition to the five topic-specific weeks, I included a sixth week, where the goal was to summarize and incorporate discussion from previous weeks, and to raise the question: Where do we go from here? My ultimate goal in this final week was to reiterate the key points that had been made in previous weeks and to promote discussion around community change.

3.7 Conclusions

This chapter set out the details of the CFC. I discussed the objectives of the event and their significance in the process of engaging and empowering the Saskatchewan community, as well as the crucial inclusion of the voice of Saskatchewan's Aboriginal peoples within the CFC. Next, I discussed some of the specific strategies used by event organizers to achieve these objectives. These included: a) an pre-event online survey about perceptions of young adult

[14] The Conversation for Change blog can be accessed at http://billdeekslecturesaskatoon.blogspot.com/

excessive drinking in Saskatchewan; b) the inclusion of presenters with multiple voices that reflected key issues around young adult alcohol use; c) the question and answer period used to facilitate dialogue between the audience and the presenters; d) the "informal" structure of the event; e) the inclusion of a live webinar to increase accessibility; and f) a blog designed to continue the conversation following the CFC. The next chapter provides information on the theoretical framework that informed the construction of this thesis and approach to data analysis. Through the lens of Laverack and Labonte's (2000) *Planning Framework for Community Empowerment Goals within Health Promotion*, it is possible to break down the organization, structure, strategies, implementation, participant response, and outcomes of the CFC. Most importantly, this model for health promotion will detail how it is possible to integrate the top-down format of most public education events with the bottom-up concepts and strategies of audience engagement and empowerment, and how this was consistent with the practices used in the CFC.

CHAPTER FOUR: THEORETICAL FRAMEWORK FOR UNDERSTANDING THE PROCESS OF THE CONVERSATION FOR CHANGE

> Many health promoters are genuinely concerned about community empowerment, which we define generally as the means by which people experience more control over decisions that influence their health and their lives….Commonly this concern arises indirectly in health promotion programmes as a consequence of efforts to mobilize, organize and educate a population (Laverack & Labonte, 2000, p. 255).

4. Introduction

This chapter provides the framework for understanding the CFC and how it was envisioned, beginning with program planning and objective setting and ending with the evaluation of outcomes and objectives. This chapter begins with a discussion of Laverack and Labonte's (2000) framework, including details about its theoretical value and practical application to the CFC. It also provides a rationale for my decision to use Laverack and Labonte's (2000) model in this thesis by reviewing, comparing, and contrasting it with alternative health planning models that integrate community and empowerment into their processes. The next section of this chapter addresses the inherent tensions that have between the use of bottom-up and top-down approaches, and how Laverack and Labonte (2000) have created a model that reconciles these fundamental differences and allows for the integration of engagement and empowerment at all levels of the process. After this general discussion of the model, I outline the five stages of the framework, including the modifications and limitations required in the context of the CFC.

4.1 Laverack and Labonte's (2000) Model

Laverack and Labonte's (2000) research on the process and outcomes of health promotion approaches has provided the major theoretical and practical framework used as the foundation of this thesis. This well-constructed and clearly defined framework has been integrated into each element of my research, beginning at the planning stages, continuing into my methodology, and ending with my analysis and interpretation of results. The Laverack and Labonte (2000) model is called a *Planning Framework for Community Empowerment Goals within Health Promotion,* and thoroughly outlines the central elements of process that I examine in the context of the CFC. In constructing this model, Laverack and Labonte (2000) intended it to be used as a planning framework to theoretically construct empowering health promotion

programs, as well as a specific methodology to be applied at a practical level. This dual-focus is evident in their assertion that "the methodology is situated within the framework and specially addresses the issue of how to make this concept [of empowerment] operational within a programme context" (Laverack & Labonte, 2000, p. 261). The Laverack and Labonte model (2000) also coincides with how the CFC itself was envisioned, and speaks to the success of this approach as promoting engagement, empowerment, and discourse about the issue of young adult excessive alcohol use in Saskatchewan.

This combination of model and methodology is well suited to the overarching goals of my analysis of the process of the CFC at both theoretical and practical levels. Originally, the framework was developed as a means to plan longer-term community-based health promotion initiatives. As a result, questions could be raised as to its applicability to a public health education event. However, as noted in the literature review, public health education is, in and of itself, a central health promotion strategy. That said, the majority of more traditional public education initiatives implemented by health promoters are very short-term and tend to view the audience as *empty vessels* to be filled with knowledge (Green & Tones, 2010), which neglects the use of empowering strategies. In contrast, a unique feature of the CFC as an educational event was its extension both prior to and following the event. This was a successful way of making the event into a project rather than simply a one-day effort. The extension of the event also fits well with the definition of a health program as "a set of planned and organized activities carried out over time to accomplish specific health-related goals and objectives" (Green & Kreuter, 2005, p. 1). Another unique element of the CFC was the way in which it was structured to incorporate empowerment throughout the entire process. Due to these features, it was possible to successfully link Laverack and Labonte's (2000) model to the public health education context of the CFC (from planning to implementation and evaluation). Although public health education as a health promotion tool may not typically be considered a means of purposefully generating audience engagement and empowerment, in the case of the CFC, Laverack and Labonte's (2000) model provided essential guidance in the construction of measures, data collection, analysis of results, and recommendations for future public health education initiatives.

As previously noted, Laverack and Labonte's (2000) model allowed for an increased understanding of the significance of empowerment and how it could be integrated into each stage of the process of the CFC. Using this conceptual and practical framework as a lens through

which the CFC could be viewed, it was possible to determine: a) if and how the CFC process was successful in reaching its objectives and incorporating empowerment, b) what parts of the CFC were successful, c) how the process used in the CFC could have been improved to increase levels of engagement and empowerment, and d) the relationships between the process, outcomes, and objectives of the event. Finally, it enhanced the ability to make recommendations for future public health education events that aim to meaningfully *engage the public* in public health education.

The structure and practicality of this framework also provided the opportunity to break down the empowerment process into a series of five manageable stages (pieces of the process) that could be analyzed individually (i.e., through the questions asked of organizers, presenters, and participants in the CFC), as well as in combination (Laverack & Labonte, 2000). By using this framework as a conceptual basis of the analysis of the CFC, it was possible to gather and explore rich data on the process, outcomes, and objectives of the event, as well as on central factors such as the level of empowerment generated through this process. The specific elements of this five-stage model and their relationship to the CFC will be discussed in greater detail in section 4.3.

4.1.1 Rationale for Utilizing the Laverack and Labonte (2000) Framework

Laverack and Labonte's (2000) health promotion framework strongly fits with the objectives and structure of the CFC as a public health education event. The decision to use this particular model as the crux of this thesis was not made without considering other available models of health promotion planning. The two alternative models described were examined because of their popularity and emphasis on integrating the community into public health practice. For instance, one popular framework used in health promotion planning is the PRECEDE-PROCEED[15] model (Green & Kreuter, 2005). The first piece of this model (PRECEDE) involves conducting a variety of assessments of factors related to health issues (e.g., social, epidemiological, educational and ecological, administrative, and policy (Green & Kreuter, 2005). The assessment stage then informs the second piece (PROCEED) of the framework, where the program itself is implemented and evaluated in multiple ways (i.e., process evaluation,

[15] PRECEDE is an acronym for "*p*redisposing, *r*einforcing, and *e*nabling *c*onstructs in *e*ducational/*e*cological *d*iagnosis and *e*valuation" while PROCEED is "*p*olicy, *r*egulatory, and *o*rganizational *c*onstructs in *e*ducational and *e*nvironmental *d*evelopment" (Green & Kreuter, 2005, p. 9).

impact evaluation, outcome evaluation) (Green & Kreuter, 2005). The PRECEDE-PROCEED approach has been used in many health-related contexts, including: a) general community health needs assessments (Li et al., 2009), b) broad community-based educational initiatives (e.g., child pedestrian injury prevention) (Howat, Jones, Hall, Cross, & Stevenson, 1997), and c) narrower disease-specific health programs (e.g., hypertension) (Chabot, Moisan, Grégoire, & Milot, 2003). Similar to Laverack and Labonte (2000) framework, community engagement, participation, and capacity building are central features of this model. However, one major difference between the models is the level of integration of empowerment. While Laverack and Labonte's (2000) framework focuses explicitly on how to facilitate empowerment at each step of the process, the PRECEDE-PROCEED model includes empowerment components but does not explicitly address them at each stage (Green & Kreuter, 2005). An additional difference has to do with the scope of the model. Specifically, while Laverack and Labonte's (2000) model could be modified relatively easily to be applied to the CFC, the PRECEDE-PROCEED model would have been more difficult to apply, as it is based on a longer-term approach in terms of planning, implementation, and evaluation (Green & Kreuter, 2005).

Another widely used planning model that emphasizes the importance of the community is Mobilizing for Action through Planning and Partnerships (MAPP) (National Association of City and County Health Officials [NACCHO], n.d.). One of the central components of MAPP is that it is a "community-driven strategic planning process for improving community health" (NACCHO, n.d.). At the crux of MAPP a is the interaction between public health leaders and the community in conducting a planning process that will positively impact the local health care system (NACCHO, n.d.; Salem, Hooberman, & Ramirez, 2005). Although this framework has been successfully applied within specific health jurisdictions and emphasizes community involvement (e.g., Salem et al., 2005; Shields & Pruski, 2005), it is structured as a highly top-down initiative that emphasizes improvement of public health systems (infrastructure) rather than public health issues at a community level. Due to the nature of this model and its emphasis on systems and the development of broad strategic plans for increasing health within the community (NACCHO, n.d.), this model does not fit well with the more narrow goals of the public health education event of the CFC. Although the overarching goal of MAPP is for the planning process to lead to community action, this area is also inconsistent with the timeframe of

the CFC. In particular, it involves the development of a "long-term health improvement plan" (Issel, 2008, pp. 79) for addressing community health priorities.

In summary, prior to my decision to utilize Laverack and Labonte's (2000) model of health promotion planning, I explored other popular models to determine their potential fit to the CFC event. Due to issues such as timeframe, level of empowerment integrated into the model, scope, and existing literature on the application of these models, I determined that Laverack and Labonte's (2000) model is the most congruent with the goals of this thesis and the public health education focus of the CFC. While the PRECEDE-PROCEDE (Green & Kreuter, 2005) and MAPP (NACCHO, n.d.) frameworks are highly regarded and widely used planning models, they did not fit as well with my approach to research and the context of the CFC. The two models would have also required far more modification to be used as a primary conceptual model. The remainder of this chapter will delineate the specifics of the Laverack and Labonte (2000) model and further demonstrate my rationale for using this framework based on its applicability to the CFC and its usefulness in my development of methodology, analysis, and recommendations.

4.2 Laverack and Labonte's (2000) Framework for Facilitating Community Empowerment Goals within Health Promotion

As relayed, at the foundation of Laverack and Labonte's (2000) framework is the concept of *community empowerment*, which they define as "the means by which people experience more control over the decisions that influence their health and lives" (Laverack & Labonte, 2000, p. 255), as well as facilitating a shift "towards greater equality in the social relations of power….[that] arise as an effect of which health issues are 'targeted' for action, how resources are allocated, what strategies are selected and …which stakeholders retain or share authority over these decisions" (Laverack & Labonte, 2000, p. 255). Thus, community empowerment exists both at the level of the individual (who has the ability to make decisions about their own health), as well as at the community level, where power relations between the community and external agents have been established through equality and shared understanding of specific community needs. Of all of the concepts embodied in the notion of community empowerment it is equality that is the most crucial element of this process (Laverack & Labonte, 2000). Laverack and Labonte's definition of empowerment as occurring at individual, community, and societal levels, as well as the emphasis on equality and engagement in health promotion are consistent with findings from the literature review (Chapter Two).

Laverack and Labonte (2000) also assert that a major tension in the realm of health promotion is between top-down and bottom-up health promotion initiatives (Labonte, 1993; Labonte, 1994; Rifkin, 1986; Rifkin, 1996). These fundamental differences are illustrated in Table 4.1. At first glance, the central epistemological differences between these two approaches appear irreconcilable. For example, top-down programs, which predominate the field of health promotion, tend to consist of "a predetermined cycle….[including] the following elements: overall design, objective setting, strategy selection, strategy implementation and management, and programme evaluation" (Laverack & Labonte, 2000, p. 256). In contrast, Laverack and Labonte (2000) note that within bottom-up initiatives, "the outside agents act to support the community in the identification of issues which are important and relevant to their lives, and enable them to develop strategies to resolve these issues" (p. 256). A further distinction between these approaches is in practice, where bottom-up health promotion involves "programme design and management [that] is negotiated with the community" (Laverack & Labonte, 2000, p. 256) rather than imposed on a community, as is the case with many top-down approaches. Here, it begins to become evident how the CFC was designed to combine both approaches, with an eye towards including the community within what would otherwise be a primarily top-down approach to public health education.

Table 4.1. Epistemological differences between top-down and bottom-up approaches (Laverack and Labonte, 2000, p. 256, as based on work by Boutilier, Cleverly, & Labonte, 1999; Felix, Chavis, & Florin, 1989; Labonte, 1993).

Epistemological Differences	Top-Down	Bottom-Up
Root/Metaphor	Individual responsibility	Empowerment
Approach/Orientation	Weakness/deficit Solve problem	Strength/capacity Improve competence
Definition of Problem	By outside agent such as government body	By community
Primary Vehicles for Health Promotion and Change	Education, improved services lifestyle	Building community control, resources and capacities towards economic, social and political change
Role of Outside Agents	Service delivery and resource allocation	Respond to needs of community
Primary Decision Makers	Agency representatives, business leaders, "appointed community leaders"	Indigenous appointed leaders
Community Control of Resources	Low	High
Community Ownership	Low	High
Evaluation	Specific risk factors Quantifiable outcomes and "targets"	Pluralistic methods of documenting changes of importance to the community

Despite the epistemological differences in "bottom-up" and "top-down" approaches, Laverack and Labonte (2000) argue that: "to ensure that community empowerment goals become more integrated within the context of top-down programmes, it is best to view such goals as a 'parallel track' running alongside the conventional 'programme track'" (p. 257). This indicates that through careful acknowledgement of both pieces of the health promotion "puzzle," it *is* possible for health initiatives to integrate the most integral elements of *each* approach. Consequently, Laverack and Labonte (2000) have created a framework wherein the previously disparate structure of the top-down and bottom-up approaches are merged, each contributing to the objectives of meeting program goals and engaging and empowering individuals and the community. As noted, this framework was designed for application to more extensive and general health promotion programs (rather than specific events). That said, the structure of the CFC (including pre-event activities, the event itself, and post-event activities) broadens the scope of the event and incorporates multiple health promotion strategies in its planning and implementation. In other words, rather than consisting of a one-off presentation, the CFC can easily be conceived as more of a multifaceted or multiple stage project rather than a singular event. However, it was necessary to modify small pieces of the Laverack and Labonte (2000) model to accommodate some of the differences between its intended use in a broad community context and its utilization in the CFC. These modifications are highlighted in the general discussion of each stage of the framework provided below.

4.3 Stages of Laverack and Labonte's (2000) Framework

To appropriately apply Laverack and Labonte's (2000) model in this thesis, it is necessary to first understand its structure. A visual representation of Laverack and Labonte's framework for incorporating bottom-up and top-down streams can be found in Figure 4.1. It shows that the framework is comprised of two parallel "tracks": a) the "programme track" (top-down), and b) the empowerment track (bottom-up). Both tracks consist of five linear and/or reciprocal stages (in descending order) of a health promotion program, including: a) program design, b) objectives, c) strategy selection, d) management and implementation, and e) evaluation. For each of the *programme track* stages, a key question about the integration of the *empowerment track* is posed. The *empowerment track* consists of details about how to meaningfully answer the programme track question and integrate community empowerment into the process. For the purpose of my thesis, this model has guided my conceptualization about the

organization and planning of the CFC, the methodology I utilized, the form of data analysis, and my discussion and recommendations. Here, it must be noted that the organizers of the CFC did not use any particular planning model in the initial development of their event, and the first step of planning involved setting objectives, which guided many of their decisions about its structure and implementation.

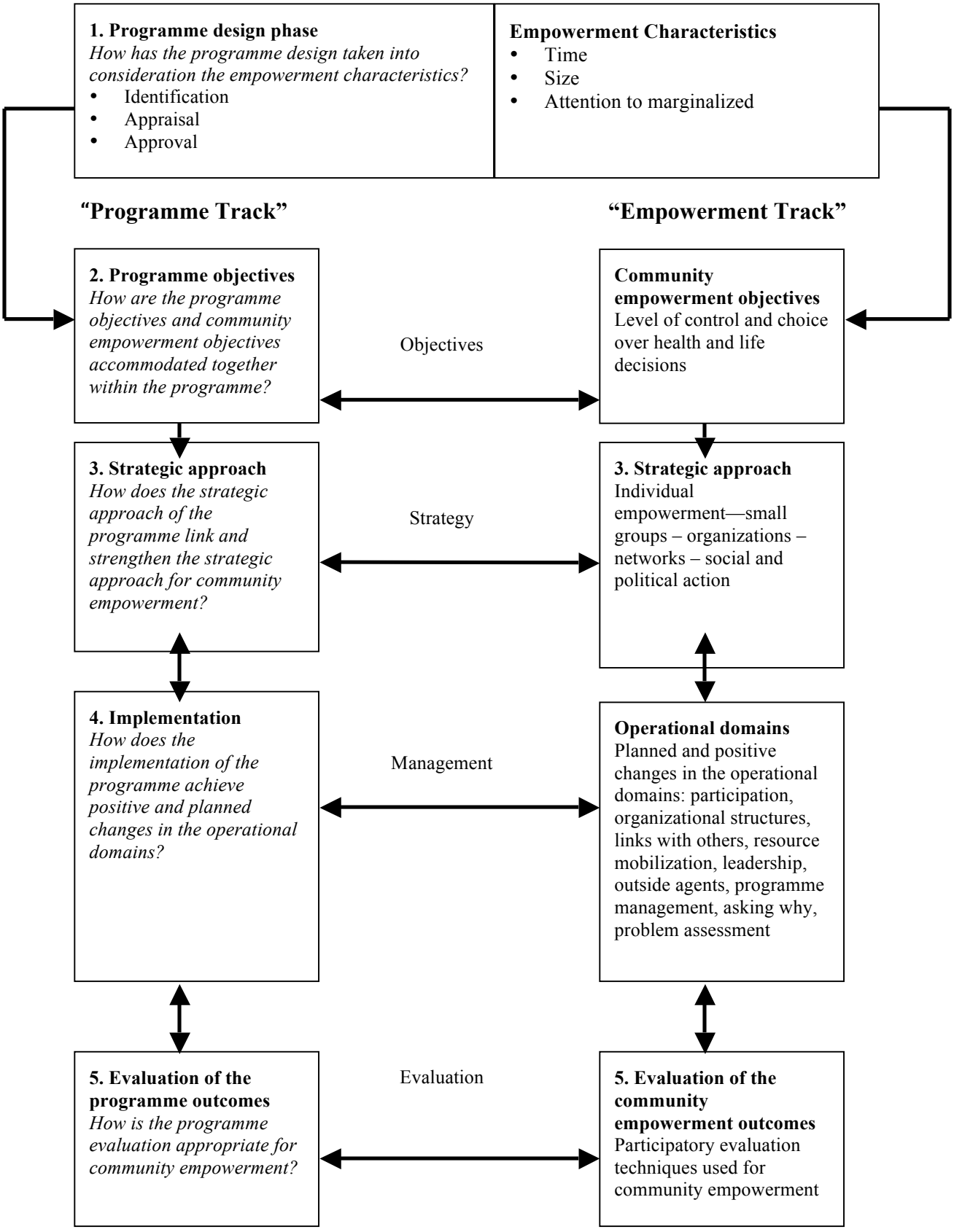

Figure 4.1 Laverack and Labonte's (2000) framework for including community empowerment in top-down health promotion programmes (p. 257).

4.3.1 Stage One: Overall Programme Design

The first stage of Laverack and Labonte's model (2000) is *overall programme design*. Here, the key question is: *How has the program design taken into consideration the empowerment characteristics?* (Laverack & Labonte, 2000, p. 257). This question is essentially about the level at which program design has accounted for factors related to empowerment. These include identification, appraisal, and approval of community empowerment factors on the programme track, and empowerment characteristics on the empowerment track (i.e., time, size, and attention to marginalized populations) (Laverack & Labonte, 2000, p. 257). In Stage One community empowerment can be integrated into the planning process by using approaches that are both strategic (meet objectives) and participatory (involve the community in the planning process) (Laverack & Labonte, 2000). There are three empowerment elements that should be considered: a) timeframe (should extend past the original program or event), b) programme size (community should be of manageable size), and c) marginalized populations (issues pertinent to marginalized populations should be considered and addressed where possible) (Laverack and Labonte, 2000). In terms of addressing marginalized populations, this was incorporated into the CFC in multiple ways, especially as related to the inclusion of Aboriginal experiences and representation of young adult perspectives (Centre for Excellence for Youth Engagement [CEYE], n.d.) However, a limitation of this criterion was the topics chosen by presenters. Specifically, the majority spoke to broad issues (i.e., the culture of alcohol use, impact of the media, policy changes). In addition, most presentations were focused on the university or college student populations, with little attention to the experiences of young adults who were not pursuing higher education.

4.3.2 Stage Two: Objective Setting

The second stage of Laverack and Labonte's (2000) framework is *objective setting.* Here, the central question about the process is: *How are the programme objectives and community empowerment objectives accommodated together within the programme?* (Laverack & Labonte, 2000, p. 257). The crux of this question has to do with the fit between the objectives of event organizers (programme track) and what the community wants and will gain if the stated objectives are met (empowerment track). Within this stage, the focus should be on "how to give empowerment objectives equal priority" (Laverack & Labonte, 2000, p. 258) during the planning process.

4.3.3 Stage Three: Strategy Selection

The third phase of the model is *strategy selection*, wherein the key question is: *How does the strategic approach of the programme link and strengthen the strategic approach for community empowerment?* (Laverack & Labonte, 2000, p. 257). Here, what needs to be addressed is how much the strategies selected in the programme track can strengthen empowerment at various levels (e.g., individual, distinct communities, provincial) (Laverack & Labonte, 2000). Another facet of strategy selection is its capacity to develop or facilitate social and political action as part of the process (Laverack & Labonte, 2000).

4.3.4 Stage Four: Strategy Implementation and Management

The fourth phase of the framework, *strategy implementation and management*, is particularly complex, and raises the question of: *How does the implementation of the programme achieve positive and planned changes in the operational domains?* (Laverack & Labonte, 2000, p. 257). The primary focus of this stage is to examine whether the process of implementation during and after the event facilitate nine key *operational domains* after the strategies have been implemented. Laverack and Labonte (2000) developed these domains following an extensive search of related literature, and they include factors related to community empowerment such as participation (e.g., Rifkin, 1996; Rifkin, Miller, & Bichmann, 1988) and community competence (e.g., Eng & Parker, 1994). Specifically, the nine operational domains or community empowerment criteria include: a) participation, b) leadership, c) organizational structures, d) problem assessment, e) resource mobilization, f) "asking why"; g) links with others, h) role of outside agents, and i) programme management (Laverack & Labonte, p. 260). The components of this stage require some modification or have limitations in their relevance and application to the CFC.

The first domain is *participation,* an empowerment criterion emphasizing how communities, small groups, and individuals can work together to "define, analyze and act on issues of general concern to the broader community" (Laverack & Labonte, 2000, p. 260). The second domain, *leadership*, focuses on the use of the established participant base as a means of providing future "structure and direction" (Laverack & Labonte, 2000, p. 260) for action. This domain is closely linked to the first, as participation itself is strongly related to leadership within the community. The third domain is *organizational structures,* which is an empowerment criterion that allows members of the community to "come together in order to socialize and

address their concerns and problems" (Laverack & Labonte, 2000, p. 260). The crux of this domain is that it is about bringing the community together (in formal or informal ways) to begin to explore health issues of concern and start to develop strategies to address them. The fourth domain is *problem assessment,* where "identification of problems, solutions to the problems and action to resolve the problems are carried out by the community" (Laverack and Labonte, 2000, p. 260). The goal of this criterion is for the community itself to work towards addressing an issue and to begin to "develop a sense of self-determination and capacity" (Laverack & Labonte, 2000, p. 260), which are essential components of empowerment. The management of this domain was limited in the CFC, as the event occurred over a very short period of time (approximately seven weeks). This lack of longevity may have decreased the possibility of the community creating concrete solutions and/or actions to address the issue of young adult alcohol use. The fifth domain, *resource mobilization,* is focused on how the community can access or acquire the resources (both from within the community and outside sources) that are necessary to implement strategies (Laverack & Labonte, 2000). This domain was not considered as part of the process of the CFC. Specifically, the public education event was not designed to act as a platform for participants to access resources for action. Rather, its goal was to create an environment that was conducive to community collaboration and social change. The sixth domain is *"asking why*,*"* which is about the level to which a community examines an issue from a broad perspective, and considers social factors, political and policy influence, and the impact of the economy (Laverack & Labonte, 2000). At its core, this domain is about the community's capacity to engage in critical assessment of the issue and is "a crucial stage towards developing appropriate personal and social change strategies" (Laverack & Labonte, 2000, p. 260). The key feature of this criterion is that it is not only about large-scale change, but also about the individual and their relationships to the issues (e.g., behavioural or attitude changes). A limitation of this criterion in the context of the CFC was that it provided little concrete guidance about how exactly the community could come together to enact social action. This was due to both time constraints, as well as the event's design as a public health education endeavor. The seventh domain, *links with others,* demonstrates the importance of "links with people and organizations, including partnerships…and alliances between the community and others" (Laverack & Labonte, 2000, p. 260). The central feature of this domain is its emphasis on creating networks of change that occur within and extend beyond the community. It was not possible to measure this in the CFC,

as there was no long-term follow-up with event participants. Although the networking session after the event may have facilitated connections between individuals and organizations, it remains uncertain whether this occurred or to what extent. In addition, it is unknown how this criterion manifested among webinar participants, who were likely viewing the CFC in what can be presumed to be an isolated context and were not provided with the explicit opportunity to network following the event. The eighth domain is the *role of outside agents,* which acknowledges that, "outside agents are often an important link between communities…[and this is] especially important near the beginning of a new programme, when the process of building new community momentum may be triggered and nurtured" (Laverack and Labonte, 2000, p. 260). In other words, the role of outside agents is to forge connections between institutions and community in a manner that promotes equality between groups, develops momentum, and creates opportunities for the community to take charge. The ninth and final domain is *programme management,* wherein the focus is on making "decisions on planning, implementation, evaluation, finances, administration, reporting and conflict resolution" (Laverack and Labonte, 2000, p. 260). The primary objective is for communities to begin to take on facets of programme management through "clearly defined roles [and] responsibilities" (Laverack and Labonte, 2000, p. 260). It is within this criterion that the power over program-related decision-making starts to be relinquished to the community. Similar to the resource allocation domain, the structure of the CFC was not conducive to programme management. Although the event aimed to increase communication among community members, it was not associated with any particular action on the part of the community. Thus, the planning, implementation, finances, administration, reporting, and conflict resolution of the project were primarily taken on by the event organizers.

4.3.5 Stage Five: Programme Evaluation

Stage Five, the final phase of the framework, is *programme evaluation.* The question that must be addressed is in this stage is: *How is the programme evaluation appropriate for community empowerment?* At its core, this stage is about whether or not the program evaluation considers methods that empower the community, especially through the use of participatory evaluation methods (Laverack & Labonte, 2000). As previously stated, programs that involve community empowerment to the fullest extent tend to take place over a substantial period of time, something that is not always realistic in an evaluation context. Laverack and Labonte

(2000) acknowledge this limitation, recommending that it might be more appropriate and realistic to "assess changes in the process rather than any particular outcome" (p. 260). They elaborate on this by asserting that, "in effect, the process becomes the outcome" (Laverack & Labonte, 2000, p. 260). In short, individual and community empowerment may be a long-term process that grows out of engagement that plants the seed for future changes. Consequently, the evaluation stage will likely be more effective if it concentrates on the process of the initiative rather than specifically defined outcomes.

4.4 Conclusions

Overall, Laverack and Labonte's (2000) model provided a strong conceptual framework that lends itself to the research questions posed in this study and the structure and process of the CFC. Not only does it incorporate two epistemological positions that have, in the past, been viewed as contradictory rather than complementary (top-down and bottom-up), it also emphasizes the importance of empowerment and engagement in health promotion practice (Laverack & Labonte, 2000). In addition to providing a flexible guide for later data analysis and recommendations about the CFC and public health education more generally, it also contributed to the construction many elements of this research. Finally, it provided the central questions that must be addressed at each stage of the model, which contributed information relevant to my research questions.

Beginning with Laverack and Labonte's (2000) definition of empowerment, this chapter outlined the foundation and intricacies of using this model of health promotion. It also provided the rationale for my decision to use this particular model rather than alternative health promotion planning frameworks. The epistemological differences between top-down and bottom-up programs were presented to set the stage for later discussion of how the two approaches could be reconciled and complement each other. Description of Laverack and Labonte's (2000) two interconnected five-step programme and empowerment tracks and the central questions to be asked and responded to at each stage were provided. Because of the nature of the CFC differed from the intended use of Laverack and Labonte's (2000) model, the modifications and limitations that were required to link the CFC to this framework were discussed where applicable. The next chapter will continue to expand on how this framework was put into practice in the context of this thesis.

CHAPTER FIVE: METHODOLOGY

5. Introduction

This chapter provides information about the design, participants, and procedures used in this thesis. First, the design section details the use of a mixed methodology, emphasizing the merits of this approach. Specifically, it shows how the use of multiple methods can provide deeper insight into data analysis than any one method alone. In this study, three different methods or data "sources" comprised the design, including: a) semi-structured interviews, b) event evaluations, and c) participant observation of the online CFC blog. Each of these components is discussed in detail, including relevant information about their construction. The next section addresses the participants and samples used in this thesis, defining how they were recruited and/or selected. This section is directly connected to the subsequent section, which describes the procedure used for implementing each element of the design. The final section discusses the limitations of this thesis, focusing on areas that could be addressed or improved in the future.

5.1 Design

This exploratory study focused on the analysis of both the process (primary research question) and outcomes (secondary research question) of the CFC using a mixed methodology, which provided for an integrated examination of the research questions. Recent literature indicates that there has been substantial growth in the use of diverse and pluralistic exploration and analysis of health promotion data (e.g., Britten, 2011; Kreps, 2011; Neumann, Kreps, & Visser, 2011). In fact, Kreps (2011) states that when constructing a framework or methodology for this type of research "often the best approach is to combine methods into mixed methods or mulitmethodological designs" (p. 285). Some major benefits of a mixed methods approach are that they can deepen the understanding of a particular health issue or program, provide information that allows for the triangulation of data sources (e.g., qualitative and quantitative research), and account for the limitations apparent in any single research method (Kreps, 2011). It also develops a stronger foundation of knowledge and offers information that is both explanatory and descriptive (Britten, 2011).

Based on this understanding, the methodology of this research included both qualitative and quantitative methods of data collection, although the vast majority of data is qualitative. Specifically, this study included: a) the interpretive phenomenological analysis of semi-

structured interviews with individuals involved in diverse roles in the process of the CFC (event organizers, event presenters, and event participants); b) the analysis and coding of evaluation data collected following the CFC; and c) my participant observation of the blog. The data provided by the semi-structured interviews offers a rich description of the lived experiences and perceptions of those involved throughout the process of the event (Braun & Clarke, 2006; Holloway & Todres, 2003). While the information derived from the evaluation data based on quantifiable measures (a five-point Likert scale), it also left room for additional comments (qualitative) that could be coded and analyzed to offer additional information about the process of the CFC. The evaluation also revealed respondents' perceptions about the CFC's strengths and limitation in achieving objectives (Rossi, Lipsey, & Freeman, 2004). In terms of participant observation, the implementation and maintenance of the online blog provided me with the opportunity to become part of the of the CFC, and offer my own perceptions and analysis of this how this strategy continued the conversation (LaCompte & Schensul, 1999). Together, the analysis of these three types of data allowed for the triangulation of data sources (Kreps, 2011), and provided insight into the process of the event from conception to blog. It also offered a way to highlight the strengths and limitations of the event and to make concrete recommendations for future public health education efforts (see section 7.2). Ethics approval for this study was granted by the University of Saskatchewan Behavioural Research Ethics Board.

5.1.1 Semi-Structured Interviews: Interpretive Phenomenological Analysis

The data obtained from semi-structured interviews were analyzed through the lens of interpretive phenomenology. Within interpretive phenomenology, "the researcher is considered inseparable from the assumptions and preconceptions about the phenomenon of study" and "instead of bracketing and setting aside such biases, they are explicated and integrating into the research findings" (de Witt & Ploeg, 2006, p. 216). Phenomenological analysis involves "close analysis of lived experience to understand how meaning is created" (Starks & Trinidad, 2007, p. 1373). As part of this method, it is important to ask concrete questions about lived experiences, and to focus on the "common features of the lived experience" (Starks & Trinidad, 2007, p. 1375). The overarching objective of this method is to "elicit the participant's story....[by] ask[ing] probing questions to encourage the participant to elaborate on the details to achieve clarity and stay close to the lived experience (Starks & Trinidad, 2007, p. 1375). This method involves two steps, the first being decontextualization and the second recontextualization (Ayres,

Kavanaugh, & Knafl, 2003). In decontextualization, data is removed from the individual and coded according to "units of meaning" (Starks & Trinidad, 2007, p. 1375). In the recontextualization process, the data is then brought together to develop themes that persist across participant experiences (Stark & Trinidad, 2007). One reason that interpretive phenomenology was used was because of its capacity to capture the detailed experiences of individuals who organized, presented, or participated in the CFC. From this, it was possible to present a story based on these experiences. Another reason that this method was chosen was that the analysis is based on data "from only a few individuals who have experienced the phenomenon—and who can provide a detailed account of their experience" (Stark & Trinidad, 2007, p. 1375). The diversity and number of small categories of individuals interviewed in data collection lends itself to this approach.

The semi-structured interviews were constructed to gather data related to the lived experience of the process of the events, using Laverack and Labonte's (2000) model as a guide. Each interview contained similar questions about many facets of the event (level of engagement, integration of empowerment, impact of culture, successes and limitations of the CFC). However, slight modifications were made based on the specific roles that participants played in the event[16], as these roles reflected fundamental differences in experiences associated with the CFC. For example, event organizers were asked about the event planning, objective setting, and strategy selection processes. Event presenters were asked about how they aimed to engage and empower the audience through their presentations. Event participants were asked about their perceptions of whether or not they felt engaged and empowered, what topics resonated most, and the overall impact of the event. The webinar participant was asked about the experience of using virtual space as a way to transmit information in an engaging and empowering manner. Blog users were asked about their motivation for contributing to the blog, and how this experience was successful or could have been improved. Thus, while there was overlap in the conceptual basis of the questions (based on Laverack and Labonte's [2000] model), each *group* of participants contributed specific information about areas of experience significant to them. At the same time, there was also overlap in some of the questions posed to participants, allowing for comparisons about experiences of the CFC to be made between groups. Together, these interviews offered participants an opportunity to tell their stories about their experiences of the CFC in a

[16] The interview guides used in this thesis can be found in Appendix B.

comprehensive, rich, and detailed manner. Moreover, the interview data provided information about the primary and secondary research questions, as well as facilitating the construction of my own story in the form of recommendations for future public health education events (see section 7.2).

5.1.1.1 Core Tenets of Interpretive Phenomenological Analysis

It is important to understand the core tenets of interpretive phenomenological analysis and how this impacted my observations, analysis, and interpretations of interview content and its meaning. Advocates for interpretive phenomenological analysis critique the notion that "meaning is totally neutral and unsullied by the interpreter's own normative goals or view of the world" (Koch, 1995, p. 832). Inevitably, the researcher will bring "certain background expectations and frames of meaning to bear in the act of understanding" (Koch, 1995, p. 832). Furthermore, interpretive phenomenology is based on the idea that "research participants are also giving their self-interpreted constructions of their situation" (Koch, 1995, p. 835), Consequently, the "result...[is] many constructions about multiple realities, including the researcher's construction" (Koch, 1995, p. 835). As a result, the analysis of semi-structured interviews conducted in this thesis must be understood as a construction based on my personal background and experiences related to the issue of young adult excessive drinking and experiences with public health education (see section 1.4). Similarly, participants' responses should be construed as constructions of the reality of the topic areas from within their own experiences and perspectives. Thus, my analysis is not *objective,* but instead is situated in my experiences, perceptions, and beliefs about the world in general, as well as young adult alcohol use and public health education in particular. Due to these differential constructions, the analysis of interviews must be understood as the product of *multiple realities.*

5.1.2 Quantitative and Qualitative Analysis of CFC Event Evaluations

Both qualitative and quantitative methods were used to analyze the data derived from the event evaluations, which were distributed in hardcopy (to individuals who attended the CFC in person) and online (to those who registered to view the CFC webinar). The evaluation was constructed to meet the needs of the researcher, as well as those of the CCSA, who required this data for their own evaluative purposes[17]. The result of this collaboration was a survey that raised questions about topics related to this study (e.g., engagement, empowerment, and

[17] The event evaluation can be found in Appendix C.

beliefs/attitudes) and those that were more applicable to the CCSA (e.g., acceptability of event setting). For the purpose of this research, questions most applicable to Laverack and Labonte's (2000) model were analyzed.

In addition to demographic questions, my analysis centered on four questions: a*) How satisfied are you that the lecture improved your understanding of the presentation topics?*, b) *Do you feel that this event changed any of your existing attitudes or beliefs about young adults' alcohol use?*, c) *How satisfied are you with the opportunities provided this evening to contribute to the discussion?*, and d) *Did you feel that your voice (opinions, perspectives, and experiences) about young adults' alcohol use was represented at the lecture?*

The construction of these questions provided both qualitative and quantitative data. Specifically, in all questions but question b (which was only qualitative), participants were first asked to rank their experience on a five-point Likert scale that included: a) very satisfied, b) satisfied, c) neutral, d) dissatisfied, and e) very dissatisfied. For the purposes of this thesis, level of satisfaction was measured and "very satisfied" and "satisfied" were combined to provide an overall measure of participant satisfaction. For all four questions, participants were given the opportunity to provide feedback or additional explanation. These qualitative responses did not have enough depth to warrant full phenomenological analysis, and consequently, were coded into three categories: a) positive, b) neutral, or c) negative.

First, a response was coded as *positive* if it explicitly noted satisfaction or had positive connotations (e.g., "this session provided a better understanding about the role media has in promoting drinking practices and the role the public has in ensur[ing] that media abide by the regulations governing advertising to minors"). Second, responses were coded as *neutral* if they merely commented on the content of the presentation (e.g., "you see beer/alcohol commercials all the time and they are always portraying drinking as such a fabulous thing") or provided an opinion on the issue (e.g., "I think its not the individual ad itself but the bombardment"). Finally, responses were coded as *negative* if they indicated a lack of satisfaction or were critical of the event (e.g., "no new information was given—social norms marketing is not new"). There were two exceptions to this coding schema. In particular, in the question b *neutral* was interpreted as *reinforcing beliefs*, and in question d *neutral* included responses that suggested *somewhat*. The reasoning for adjusting the neutral label was to better describe what *neutral* meant in the context of these two questions. Specifically, in the second question (whether or not the event changed

attitudes or beliefs about young adult alcohol use), *reinforcing beliefs* better reflected a neutral response in that it indicated that participants found that the event was consistent with existing beliefs. Specifically, their beliefs did not change in positive or negative way. In question four (inquiring about whether participants felt that their voice was represented at the CFC), *somewhat* better reflected the category of neutral, as many respondents reported that their voice was partially, but not entirely, heard.

The combination of qualitative and quantitative data provided valuable insight into both the process and outcomes of the CFC (e.g., which topics were the most popular, what was missing in terms of topics that could have been discussed, how empowered participants felt, and the impact of the CFC on attitudes and beliefs). As a whole, this information contributes to the overall understanding of the stages of the CFC, as well as what was successful and what could be improved.

5.1.3 Participant Observation of the CFC Blog

The CFC blog was the primary strategy chosen to *continue the conversation* following the event. To assess its efficacy as a strategy in the process of the CFC, I used participant observation to view the implementation and results of the blog. The purpose of participant observation methods is to both "record situations as they happen" (LeCompte & Schensul, 1999, p. 128) and to "record the meanings of these events at the time for study group participants" (LeCompte & Schensul, 1999, p. 128). According to LeCompte and Schensul (1999), the targets for participant observation include features such as: a) activities, b) events and sequences, c) settings and participation structures, d) behaviours of people and groups of people, e) conversations, and f) interactions (p. 128). In addition, the data content provided by observation includes: a) activities, b) interaction patterns, c) meanings, d) beliefs, and e) emotions (LeCompte & Schensul, 1999, p. 128).

Thus, my goal as an observer was to objectively examine and assess these various features in the context of the blog and to use this data to explore this strategy more in-depth. Although in traditional participant observation, it is important that the observer remain neutral and uninvolved (LeCompte & Schensul, 1999), I was not able to attain this level of objectivity. Specifically, in consultation with the Research Chair in Substance Abuse, I contributed the weekly content to the blog (a summary of the presentation and discussion questions), and acted as the blog moderator. As the moderator, it was my responsibility to review and accept

comments prior to them being displayed on the blog. In this way my objectivity was somewhat limited; however, I made no comments on the blog, did not contribute to the weekly discussion, and did not en up censoring any comments.

The method for my participant observation involved recording my thoughts about the blog at the end of each of the six weeks. The variables that I focused on were based on LeCompte and Schensul's (1999) targets, and included: a) the number of participants involved in the conversation, b) the content of blog postings, c) the regular participants (those who commented multiple times), d) the level of discourse/interaction between participants, and e) whether or not participants responded to my discussion questions or emphasized their own interests (and what these interests were).

To account for potential bias due to my direct involvement with the blog, and to confirm, deny, and/or supplement my own observations, two frequent blog users interviewed as event participants. Analyzing the process of the CFC online blog as a strategy to continue the conversation among Saskatchewan community members from my own perspective, as well through the experiences of blog users, offered knowledge about how it worked as a health promotion tool designed to promote discourse and social action. As such, assessment of blog user interview data and my own observations contribute to my analysis of the "post-event" component of the CFC.

5.2 Sample/Participants

For the semi-structured interviews, a purposive sample of two event organizers (the CEO of the CCSA and the Research Chair in Substance Abuse at the U of S), four of the event presenters[18], and seven event participants were used. One goal in choosing event participants for the study was to attain a diverse sample that represented the experiences of the broad target audience for the CFC, the Saskatchewan community, and the strategies used in the CFC. Note that there is some overlap between the roles of the event participants. Thus, of these seven event participants, there was: a) one educator, b) one service provider in the addictions field (who was also a blog user), c) one executive director at a community-based organization, d) one graduate student from the U of S (who was also a blog user), and e) three young adults (one female from a rural community who participated via webinar, one urban male, and one First Nations female).

[18] One presenter, Fran Wdowczyk, was not available to be interviewed.

The goal of this sampling was to attain a group of participants that could each offer a unique perspective on the overall event, as well as specific elements of it.

In terms of the event evaluation, participants who attended in person were able to complete the hard copy survey immediately following the event. Webinar participants were emailed the online evaluation shortly after the event.

As stated earlier, to promote interest in participating in the blog, a sign-up sheet was circulated amongst event participants at the CFC event. Event participants were able to add their names and email addresses to a list if they were interested in participating in or receiving information about the blog following the event. The potential for blog participation was also noted in the webinar. The audience for the blog was individuals that were part of the Saskatchewan community. Those individuals who provided their contact information received weekly emails encouraging their participation, as well as the topic of conversation for each week. A total of approximately 140 individuals provided their contact information for inclusion in the blog mailing list.

5.3 Procedure

This section details the different ways each method of data collection was enacted in this thesis. Beginning with the procedure for semi-structured interviews, and continuing on to highlight the processes of conducting event evaluations and the CFC blog, the procedure section elaborates on the description of the design of this research.

5.3.1 Semi-Structured Interviews

Semi-structured interviews were conducted following the event, either in person or via telephone (depending on what was most convenient for the participant and in light of their geographical location). Potential participants were each provided with a letter of invitation, which explained the research and the interview process, as well as the relevant interview guide. All participants provided informed consent. The average interview length was approximately 24-minutes, with times ranging from 11-minutes to 40-minutes. The interview guides used were consistent with the role of the individual in the CFC (event organizer, event presenter, event participant, event participant/blog user, event participant/webinar), and drawn from Laverack and Labonte's (2000) framework. All interviews were digitally recorded and transcribed. Interviews were analyzed using an interpretive phenomenological approach (see section 5.1.1), to gather information about participants' lived experiences with the CFC, as well as perceptions

of its process. The transcripts were analyzed by participant type, with key themes being identified both within and between groups. Thus, this approach to analysis also allowed for consideration of convergence and divergence between participant groups (e.g., was what event presenters intended to achieve actually achieved from the perspective of event participants?).

5.3.2 CFC Event Evaluations

For in-person attendees, evaluations were distributed in hardcopy at the end of the event and individuals had the option of participating or declining. For those who participated via webinar, a link to the online version of the event evaluation was sent shortly after the event to the email address they provided during event registration. These participants were also able to choose to participate or decline. Evaluation data concerning demographic characteristics (age group, role in community), and responses to questions using Likert scales were consolidated within each question and expressed in terms of number of individuals who made that response (count data), as well as reported in percentages. Qualitative explanations for responses (or qualitative answers to specific questions without a rating component) were coded for each question (see section 5.1.3).

5.3.3 The CFC Blog

Using a popular, free and easily accessible online blog program[19], the framework for the blog was put in place prior to the CFC. The blog was titled *2010 Bill Deeks Lecture: Continuing the Conversation for Change* and included the subtitle *How Much is too Much? Young Adults and Alcohol.* This construction of the framework included choosing a URL[20] and creating content including: a) an introduction to the blog and its purpose, b) guidelines for proper blog etiquette, and c) information about how to create anonymous posts. The blog was structured to be live for six weeks. Within those six weeks, each week was dedicated to conversation about a topic raised by one of the five presenters. Specifically, each week included a summary of the presentation and discussion questions related to the topic of the presentation. Blog participants were then asked to create postings or comments based on this content, and these reflections comprised the conversation. The sixth and final week was intended to consolidate the content of the conversation for the previous weeks through discussion about *Turning the Conversation for Change to Action for Change*. Here, the points raised in previous weeks were summarized and

[19] Available at www.blogger.com
[20] http://billdeekslecturesaskatoon.blogspot.com/

participants were asked to suggest ways in which their discourse might be turned to action within the Saskatchewan community. Although there was originally no incentive offered for participation in the blog, a lack of participation led to the addition of an incentive for blog participations in the final week[21].

As discussed in section 5.1.4, I took on multiple tasks to facilitate the functioning of the blog. This included creating content for each week (summaries and discussion questions) and sending out weekly emails promoting the blog and opening up each week's topic. I also acted as a moderator for the blog and conducted participant observation throughout the six weeks. As an impartial moderator and participant observer, I was able to observe how the blog was functioning and make changes (e.g., the addition of an incentive) as required.

5.4 Limitations of the Thesis

There were a number of limitations to this thesis. First, it focused on a single public health education event (the CFC) and a specific public health issue (young adult excessive drinking). Consequently, there is no basis of comparison with similar public health events that utilized different strategies or that focused on different public health topics. For example, a public health education event about diabetes (a chronic illness) may require different strategies or have different outcomes if strategies similar to those used in the CFC were applied. As a result, it may not be possible to generalize finding about the CFC to the vast array of public health education events or topics. A factor that makes generalization potentially more difficult is that the issue of young adult excessive drinking is somewhat contentious. Other health issues (e.g., heart disease or child injury prevention) are not subject to similar cultural influences or frequently considered positive, as is the case with alcohol. However, this does not mean that what has been learned about the process of the CFC cannot be applicable to other health topics, only that the application of the general recommendations made in section 7.2 should consider the specific health issue and keep these cautions in mind.

A second limitation of this research was the application of Laverack and Labonte's (2000) conceptual model, which was originally created for use with longer-term community-specific programs, rather than short-term projects or events such as the CFC. Although the CFC was expanded to include both pre- and post-event activities, its focus was narrower and more

[21] Individuals who participated at any point during the six-week period were able to a draw for a $100 gift card from their choice of Amazon Canada, Sears, or iTunes.

specific than what was delineated in Laverack and Labonte's (2000) framework. There were also pieces of the model that did not apply or needed to be modified to fit with the process of the CFC (see section 4.3). However, the use of the model as a five-stage health promotion process incorporating both top-down and bottom-up characteristics still offered a strong framework conducive to the construction of my methodology, analysis of findings, and recommendations made as part of this thesis.

A third group of limitations are related to the participants in this research. For instance, not all presenters were interviewed. Although the experiences of the four presenters that were interviewed were largely consistent within the group, the inclusion of the fifth presenter would have provided additional insight into how presenters experienced the CFC. Another limitation was that there could have been better representation of event participants. For example, the inclusion of a policymaker could have offered more concrete data about the process of social change and how this might occur at a broader level. Similarly, the incorporation of more interviews with young adults could have facilitated a stronger understanding of their perspectives and experiences. Originally, young adults involved in this research were supposed to conduct their own participant observation of the CFC as it occurred; however, due to time constraints this additional method of data collection was not incorporated. Another factor to consider is that all of the professionals (participants) interviewed were familiar with the issue of young adult excessive alcohol use prior to the event. In fact, it was for this reason that most were motivated to attend. It would have been interesting to include information from professionals that had less prior knowledge of the issue.

In addition, a limitation to this research was the lack of active engagement with the event evaluation survey. Of approximately 450 people that attended, only 12% completed the survey, and of these 12% the majority were professional women ages 30 or older. It is unknown whether this demographic was representative of the more general demographic of event participants or if it was simply a matter of this demographic being more likely to fill out the evaluation. Due to such a low number of participants, it was impossible to separate out Saskatchewan participants from those in other geographical regions, which would have been a better indicator of outcomes within the Saskatchewan community. In regard to the use of the webinar, it is also impossible to determine how many of the individuals that registered (approximately 300) actually viewed the CFC. Further, it was not possible to determine how many of those that did participate in the

webinar were from Saskatchewan. These details could have provided a more accurate estimate of participation, both within Saskatchewan and the rest of Canada. An additional limitation is that there were only two frequent blog users that could be interviewed about their experiences with the CFC blog. Although they did provide data on why they participated, the process of participation, and overall experiences, it might be a more important question to ask why, of so may people that showed initial interest in the blog, so few actually participated. It would also be of great interest to know how many people received the emails about the blog and how many viewed the blog but did not actively contribute (and why this was the case).

5.5 Conclusions

This chapter provided information on the methodology applied in this thesis. The initial step was to provide evidence for the use of multiple methods within a research study design. This provided a rationale for the approach that I took to gathering information to inform my research questions. In addition, the goal of this methodology was to not only allow for the "triangulation" of data sources, but also to provide a high level of depth and detail that allowed for comparisons between data types and sources. Using semi-structured interviews, event evaluations, and participant observation of the online blog, I intended to acquire data in a way that was guided by and linked to Laverack and Labonte's (2000) model for health promotion. Finally, I examined the limitations of this study. The next chapter will provide the results and analyses that were derived from this methodology.

> We had some conversations about alcohol and its impact after the event. It opened the door and my friends, the people that I love and care about…started this discussion. It was like a chance to talk about things that we were hiding, especially about alcohol use in our families and by us. And we felt more educated and less alone and it was easier to talk. It's good because it is stuff that we still talk about even long after the presentation. It just brought everything into the open and made us feel like some of this stuff doesn't have to be hidden and that it is something that a lot of people are going through. (Young Adult).

6. Introduction

The overarching goal of Chapter Six is to present the analysis of data collected from various sources as a means of assessing the process and outcomes of the CFC. The interview guides and evaluation questions were largely derived from Laverack and Labonte's (2000) model of health promotion. Thus, it is not surprising that the themes identified were strongly linked to this framework, and was evident in the interpretive phenomenological analysis of semi-structured interviews about the lived experience of event organizers, presenters, and participants. Specifically, the themes that emerged frequently corresponded to the core tenets of this model, including emphasis on features of the CFC related to: a) engagement, b) empowerment, c) community, d) culture (the environment in which young adult excessive drinking occurs), and e) changing culture within communities (social action). The next section provides details about the process of implementing the CFC blog, the results of my participant observation, and data derived from the two primary blog contributors. This enables an understanding about how this post-event strategy for promoting sustained discourse was approached, the challenges associated with it, and how this strategy could be improved in the future. As a whole, this chapter offers an in-depth examination of the process of the CFC from the perspectives and experiences of the organizers, presenters, and audience/participants who were involved.

6.1 Interviews: Event Organizers

The analysis of data provided by the event organizers[22] included interviews with Michel Perron (CEO of the CCSA) and Dr. Colleen Dell (Research Chair in Substance Abuse at the U of S). Each organizer had a very distinct role in organizing the event. Specifically, the Research Chair was responsible for the on the ground logistical and technical details (a more micro or

[22] Due to the small sample size for event organizers it was not possible to ensure confidentiality. Consequently, consent was obtained to use the two organizers' names and occupations.

community level), while the CCSA CEO viewed the event from a macro-level of organization (overseeing the entire process but not as involved in the details). The semi-structured interviews for event organizers included more specific questions about their experiences than those for event presenters and participants. Informed by the stages of Laverack and Labonte's (2000) model, these questions examined the many features of process: a) conceptualization, b) organization, c) implementation, d) management, and e) evaluation. In particular, organizers were asked about program design, objective setting, strategy selection (i.e., structure, presenter selection, use of virtual space), and successes and challenges related to the organizational process. Similar to event presenters and participants, they were also posed broader questions about engagement, empowerment, and culture. This provided a more comprehensive view of the process of the CFC, which is central to understanding the primary and secondary research questions in this thesis.

6.1.2 The Experience of Organizing the CFC

The first theme that emerged from data analysis was the process of program design, which was initiated thorough "a Memorandum of Understanding between the CCSA and the U of S", and was "one way to bring academic research and understanding, knowledge, all that great stuff, into practice and policy" for the CFC audience. The CFC fit well with the mandate of the CCSA, which had "decided a number of years ago to have an ongoing lecture series in honour of our past Board Chairs" who were able to select "topics that were of particular interest to them, and we would use these as opportunities to better highlight an issue of importance…So we did that for Bill [Deeks], his interest is on youth and alcohol." The objective setting process was deemed to be most effective if it focused on establishing concrete goals and filling a need (e.g., "the greater the clarity with what the purpose of the event is understood and validated against the need, and the greater it is to determine the audience and the potential outcomes"). Further, the specific issue addressed was of central importance to both event organizers (e.g., "you need to ensure that there's been a prioritization of first tier issues, a validation of importance, hence the, what I call the burning platform, the compelling need for change"). Thus, at the broadest level, the goal was to bring together institutions (the U of S and the CCSA) and diverse perspectives and knowledge of a variety of topics related to young adult alcohol use as a means of facilitating change.

In terms of the second theme, objective setting, the Research Chair indicated that the idea for the event was about "awareness and getting the conversation going, hence the title." In addition, it was felt that young adult alcohol use was a health issue that was crucial to address within the Saskatchewan community. Thus, a prominent objective was to get the community talking about the issue:

> Just knowing Saskatchewan,…I thought that conversation was really, really important. So whether the conversation ended up being good, bad, critical, what have you, it wasn't about people coming and telling them [the audience] information…it was about engaging them in discussion and that was the really important part. Because it's so embedded in our culture, we're not having those conversations, people aren't even thinking twice about what's going on—so that really was the impetus to get it going.

When asked about key objectives, the CEO of the CCSA focused more on the types of information that should be included: "the issue is the data telling us that if we are going to talk about anything around young people and alcohol it should deal with these [specific] issues" and that this is "probably the most effective way by which we can initiate the dialogue…[and] ventilate that particular issue from different perspectives." Together, this reveals a shared idea of *initiating conversation*, but different ways of approaching this. Specifically, the Research Chair focused more on the needs of the Saskatchewan community, while the CEO emphasized the objective data about the issues most pertinent to the topic of young adult alcohol use.

The third theme involved the process of strategy selection, including choosing presenters, how the event would be structured, using virtual space (webinar and blog), and targeting and involving participants. For instance, when discussing the structure of the event, the Research Chair indicated that it was important to have "community involvement and that the diversity of the [Saskatchewan] community is represented because community needs to speak to community" and further, that "you have to have all the voices represented so that the community then is hearing each of those voices and that is crucial." The CEO was also involved in delineating the structure of the event, which he thought "went well and… [used] a different format for different types of needs." He also noted that, "it's important that whenever we do events of this nature, not only is there an educational component, there is an empowering component…at some level we need to create conditions that allow people to see themselves as more empowered than they may see themselves." While the Research Chair emphasized the multiplicity of voices within the Saskatchewan community and the need for these voices to be empowering and engaging, the

CEO focused more on the incorporation of both education and empowerment as general strategies in the process of the CFC. Although these were slightly different perspectives, both organizers had the shared goal of structuring the event in a way that engaged the audience and promoted greater thought about the issues surrounding young adult alcohol use.

Choosing presenters and topics was also an important element of the strategy selection process carried out through collaboration between event organizers. Here, the CEO emphasized the importance of choosing the right presenters (e.g., "whenever you are going to put somebody in front of a crowd, you better be darn sure they know what they are doing"), who would also be a good fit to the panel (e.g., "as an organizer you need to be clear… just because you found somebody as a keynote speaker doesn't mean they will work well as a panelist"). Further, the CEO raised a fundamental question about the process of choosing presenters: "How do you optimize the process of a panel discussion? These things are untested and therefore as you go into these you hope and mitigate for predictable loss and you always walk out of an event with some lessons learned." The Research Chair expressed some difficulties associated with the selection of presenters, which was somewhat limited due to internal processes at the CCSA. For example, she stated "we selected at this level [the Saskatchewan community] and then those suggestions went up…you can kind of see it as upright like a hierarchy, where it should be side by side." Specifically, "it was hierarchal, they [suggestions for presenters] did go up to the next level, which had the CCSA and their administration group" and she found that "there was a real lack of understanding on why decisions were made on who was speaking and who wasn't." The Research Chair indicated that this was challenging, as "that doesn't fit with our objectives and goals and the community understanding within the province." Consequently, there appeared to be a disconnect between the significance of addressing the specific needs of the Saskatchewan community in choosing presenters and the CCSA's decision to include presenters that were consistent with their national scope and mandate.

In terms of the use of virtual space as a means of making the CFC more accessible through the webinar format (e.g., to members of the community who could not attend in person and those from other provinces), the CEO indicated that, "one of the other principles by which we try to work is…[to make it] locally interesting and nationally scalable." In particular, he felt that "if we are going to talk about alcohol in youth it's going to extend far beyond the borders of Saskatoon, Saskatchewan, and Canada." Moreover, he stated that in the context of the CFC, it

was important to have "a venue with live bodies, which is obviously the preferred focus for this type event." However, it was also necessary to "see how best we can create and expand the connectivity of the event through different social media [such as] podcasts and webcasts. The ability to take it and have it online afterwards is another thing." The Research Chair was in agreement with the use of the webinar format, stating, "it's a good way because I think that they had 300 people [who participated]. So that's great and people I know that were on had good feedback."

However, the Research Chair focused more on the blog than the webinar, as she was directly involved in it and it was specifically designed for the Saskatchewan audience. Here, she indicated that the "online blog obviously didn't go very well" and that it was "not for lack of effort. I think there was great effort. I don't know overall if blogs are very popular things that people go to. I believe that they are, but depending on the topic maybe they are not." Thus, overall the webinar strategy was viewed as positive and allowed for greater accessibility of the event at provincial and national levels (i.e., there were 300 webinar participants). In contrast, the blog did not generate much discourse following the event, which may have been due to a number of factors such as the topic itself. More about the implementation, experiences with, and results related to the CFC blog will be provided in sections 6.3.3.2 and 6.3.3.3.

The fourth theme was the capacity of strategies used in the process of generating engagement and empowerment amongst the audience. For instance, the Research Chair indicated that the number of attendees itself may be an indicator of effectiveness. She also believed that in regard to empowerment, "it's bringing home the message and as soon as you have the message and you're thinking a little about your own drinking, your kid's drinking, your neighbors and colleagues…that can be empowering." The Research Chair also expressed how important it was to avoid the strict lecture format that had frequently been applied in public health education events, including those implemented by the CCSA. This was because this type of event offered, "no active empowerment… it's trying to break down those barriers." Finally, she indicated that, although, "what I envisioned didn't quite turn out…I am happy with how it did turn out and it was a huge improvement from what had been done in the past in their [the CCSA's] lecture series." On a broader level, the CEO indicated that he wished there was a way to track the results of such an event (e.g., "if you could imagine in a visual sense the ripple effect of a conference, all the people who went there, went back home, generated discussions, and potentially pursued

new lines of inquiry") and that this would be "quite fantastic, as opposed to having a 'so what,' 'gee whiz', 'nice presentation', 'who cares?'" approach. He also suggested that the CFC was made engaging and empowering by including the "segways and ongoing connections…[that] help people engage." In addition, he felt that there was "good engagement of young people," although "there's natural limits to what you could expect from that type of forum and are ways of improving it." Finally, he shared his idea of empowerment as something that occurs organically (e.g., "I think empowerment applies at different levels of intensity" and that "empowerment has to reside within, it might spark and cause an immediate reaction, it might spark a chain reaction where they [participants] didn't see themselves as able to engage in these issues at on a different level"). Together, the perspective of event organizers seems to be similar in terms of what is meant by *empowerment* and the different levels at which empowerment could occur (i.e., immediate or long term, formal or informal) in the CFC.

The fifth theme was organizers' perceptions of the culture of alcohol use and how to change that culture. In terms of the Canadian culture of alcohol use, the CEO stated:

> Alcohol is part of Canadian culture, it continues to be, it's not going to be abandoned. We have the 'I am Canadian' [the tagline for Molson Canadian Beer advertisements], we have the embodiment of our flag on a bottle of beer, which is not necessarily bad, I am just saying it's part of who we are.

He also discussed what culture was in general, as something that is "a statement of what is. It doesn't really have to be what is forever or for a day, but it is a very powerful force. If we don't really understand it and embed ourselves within it, we will likely never be able to shape or change it."

In terms of approaches to changing the culture of young adult alcohol use, the Research Chair focused primarily on change at a community-level that was facilitated by empowerment, while the CEO made broader assertions about the processes needed to change the Canadian culture of alcohol use. For instance, the Research Chair stated that "it has to be about people speaking to people, people who know people and I think people are even in a harder state right now to be critical about what's happening when you see…everything that's coming at them around drinking and how normalized it is." She also stressed the importance of providing real information (i.e, versus the information generated by the media): "We know that with prevention messaging the last thing you want to do…is put out information that isn't real, because as soon as you do that, you lose your credibility." Speaking about the sociocultural context, the CEO

stated, "We used to have a poster…that said 'ready, fire, aim,' [and] that's how we've done a lot of public health policy in Canada. Or at least, we've never really learned to aim together." He further discussed the importance of collaboration between sectors and *aiming together*:

> Everybody has a role to be part of the process. So what we did to address, "how do we change that culture," is we sat down and brought everybody to the table, the government, the private sector, public health, Aboriginal [peoples], the educators, the police, take your pick, and we created a National Alcohol Strategy, which is part of the aiming together. It's bringing disparate groups and intentions into common alignment, it's getting people to buy into a supra vision of what is the objective that we are trying to do….It's to articulate a series of actions that are both at a population health level, and at an individual level.

In short, in the context of changing alcohol culture, the Research Chair focused on more narrow community-based micro-level ideas, while the CEO of the CCSA emphasized the importance of macro-level features of addressing the issue of alcohol use. It is perhaps the incorporation of both of these perspectives that will have the most impact on creating real change in a Canadian and Saskatchewan context.

The sixth and final theme was organizers' points of view about the successes and challenges of the organizational process of the CFC. In terms of successes, as noted above, the Research Chair indicated that the structure of the event represented a step forward from the typical dyadic nature of public health education, a process of "break[ing] down barriers so that it could be more than just conversation." In addition, she perceived the event as successful because there were many individuals from the CCSA who were involved, who "bought into the event and I think there was some awareness raising there…[about] working with the community." She also stated that "the partnership between the CCSA and the U of S was a good thing," although "it was a struggle at times" that was caused primarily by the bureaucratic elements of the CCSA as a national organization, which "go on in any organization, not just [with] the CCSA." In addition, the Research Chair noted that another positive was the high level of attendance by the Saskatchewan community. Finally, she stated that she heard that some of the presentation had caused some controversy among CFC attendees "who were not happy with [some of] what was being said" and that, despite the controversial nature of this discussion, it was important that "people were taking about it." The CEO focused more on the technical elements of the event, "what worked well was that it was fairly well advertised, there was good participation, there was some good follow-through, we had good media pickup, [and] generally it went on without any

major disasters—which sometimes alone is…seen as success." In addition, in a macro-level context, he stated, "some of the added value… is that there was a continuity of membership on the panel [presenters and topics]…that represented some of the disparate interests that sat at the Alcohol Strategy table." This provided the opportunity to "reinforce the values, intent, and principles that we built earlier in a different forum, allow[ing] for a different kind of ventilation of the issue[s] with a different cohort that is more…acutely affected by it."

In summary, there was a wide range in what were perceived as successful elements of the CFC process, including the number of attendees, the technical elements (i.e., participation, follow-through, media interest), and the capacity to transfer values and intentions from a national initiative to a specific community and audience. In addition, the movement towards conversation versus lecture was seen as positive, although it could be further improved and built upon in the future. These results also indicate the importance of partnerships and collaboration, which can be challenging and complex, but ultimately result in a product with significant value and potential impact.

However, there were also some challenges identified with the process of organizing the CFC. One such challenges occurs in "getting those voices of the community heard when dealing with a partnership with an organization that has it's own mandate and vision." At the core of this challenge are the questions: "What does meaningful partnership mean? How do you engage a partner meaningfully? And, finally, how does your partner leave empowered?" A second challenge, as previous discussed, was the lack of the use of the CFC blog following the event as a means to facilitate discourse within the Saskatchewan community. A third challenge was the impossibility of knowing exactly how the information affected, engaged, or empowered members of the Saskatchewan community (e.g., "we don't really have a way of knowing whether anyone actually used any of that information or if some of the discussion lead to change or policy revisiting or something like that"). A fourth challenge was the perception that the CFC could have been organized in a way that was *more* interactive and engaging (e.g., "I think we could have done a better job…[at] being more informal and engaging, though there was quite good conversation"). One suggestion for improving this element was to have fewer presenters, which may have facilitated more "participation…[and] you might get at the engagement component more." A fifth challenge had to do with the organizational logistics of the event, "making sure you have the right audience, making sure you have the right connection with the

audience. Is the audience sufficiently primed? Do you need a warm-up act? [And] how do you get them engaged and willing to listen?" Moreover, "that's a fairly high level of success that we're shooting for…so I think it's a challenge sometimes to get the right ambiance, that kind of environment." Another challenge was to ensure to ensure that the right panelists and the combination of panelists provided distinct and crucial voices about the topic. Finally, the issue of how to present information in an engaging way was raised (e.g., "I think it's a challenge having to distill a complex issue into trite easily understood bites without completely making a sham of the issue…You have to find a balance of when to be specific"). These seven challenges in the organizational process of the event must be acknowledged and considered in organizing and implementing future public health education events. There may be no easy or concrete answers, but the issues raised by the Research Chair and CEO provide a starting point for a more conscientious process that could lead to greater success and better meet the needs of event organizers, presenters, and participants.

6.2 Event Presenters' Experiences at the CFC

Interpretive phenomenological analysis of the data from the four event presenters' interviews about their experiences with the CFC resulted in a number of themes and sub-themes, including: a) the culture of alcohol use (sub-themes: culture of alcohol use in Saskatchewan, and culture of alcohol use among the First Nations), b) changing the culture of alcohol use (sub-theme: parallels to tobacco use), c) strategies for empowerment and engagement of the audience, d) strategies for changing attitudes and behaviours, and e) overall perceptions of the CFC (including successes and limitations).

The data for the first theme of the culture of alcohol use tended to emphasize the deeply entrenched nature of alcohol use in Canada and the presenters' perceptions about why this might be the case. For instance, one presenter stated that:

> I think that historically there has been a culture of a rite of passage that people believe that as you reach a certain age that alcohol is there and you have to consume heavy quantities to be part of this passage….I think that's part of what it is we are trying to do on a much broader basis is to change that culture of requirement or necessity, a culture of excessive binge drinking…to one that really is a culture of moderation.

Similarly, another presenter indicated that "I just don't know what else can be done unless we really start changing our perspectives, and not just young adults, but also the older adults…let's learn from our mistakes, let's move forward, let's progress." In addition to general

comments about culture, a subtheme was that of the culture of alcohol use in the Saskatchewan community, and how young adult alcohol use is particularly problematic. For instance, one presenter stated, "we see that Saskatchewan has the highest rates of excessive alcohol use, or the highest harms related to it so I think that says something in regards to the problem here."

A final subtheme that emerged was the relationship between culture and First Nations belief systems: "I touched the spirit of something—there was a group of first Nations people there, so we talked about culture. They responded to one of the things I said about culture and being caught up in two different worlds." Thus, results from the first theme of culture demonstrate how deeply alcohol use is rooted in Canadian and Saskatchewan culture, as well as the necessity of understanding that there are many *types* of culture that need to be addressed. In the case of Aboriginal experiences with alcohol use, there is also the influence of Aboriginal culture (as distinct from the culture of alcohol use), which must also be considered.

The second theme that presenters discussed was about how to change the culture of excessive alcohol use among young people. One tendency was for presenters to focus on responsible use rather than abstinence. For example, one presenter suggested:

> I think that one of the big starting points is getting people interested, getting them informed…What we have to do with alcohol [is] do some of this denormalization and this thoughtless, "oh, I/m just going to start drinking because I'm a teenager and that's what everybody does". I'm not moralistic, it doesn't bother me that kids are drinking, but it bothers me that they drink selflessly and abuse alcohol. So I think that we have to give them the tools to think about that stuff and why they are doing it and why they should or shouldn't.

Another presenter focused on the role that young adults themselves can play in creating change in their environments:

> They [young adults] want to have the political part and the political power—they want to make a difference in society. So how do they create that new way of being? In some of my closing comments…I wanted to make the challenge that youth can create this new social behaviour. It's the youth that have the power to change what's going on.

Thus, my analysis shows that presenters thought that it was unreasonable to expect any sort of immediate cultural change or a total absence of drinking among young adults (or anyone in the Canadian population). However, there was a sense that change is possible (i.e., through healthier drinking practices and responsible use). Most importantly, there was emphasis on the need for

the young adults themselves to start to think about the issues and to work together (as their own community) in creating changes in the culture of alcohol use.

One interesting subtheme that emerged in my analysis was presenters frequently noted parallels between the future denormalization of excessive alcohol use and the denormalization about smoking cigarettes that has occurred in Canada over the past decade. For instance, one presenter noted, "20-30 years ago it was just normal that everybody smoked, you know you are a teenager and you start smoking and smoke for life. We engaged in denormalization, we start portraying this as abnormal…[and] that's bit of what we have to do with alcohol." Another presenter elaborated on this process of change as related to the denormalization of smoking cigarettes:

> I think that's a really important piece—that change is so slow and [it's] slow to have a lot of the public accept it. But it's possible, it's doable, and that's [smoking cigarettes] is an example where legislation came in, people didn't have much of a choice but to abide by it, and then after it just becomes celebrated to be able to go out for dinner and not have smoke in your face.

In short, although it was acknowledged that cigarette use and alcohol use are somewhat different (e.g., "you can use alcohol responsibly, and I'm not sure there's any redeeming value to cigarettes"), many used this example to show that denormalization and change of a deeply engrained cultural practice that is detrimental to health is possible.

A third theme identified from the event presenter data was that of the importance and purposive inclusion of engagement and empowerment into their presentations. For instance, one indicated, "I tried to pick the strategies [for drinking in moderation] that were going to be practical, fun, and non-prejudiced." Another presenter thought that participants (young adults in particular) were engaged by the simple fact that they attended the CFC: "they could go to a kegger or they could go to a talk about alcohol addiction, so I think that people are almost, by definition, engaged." In addition, a presenter commented on the conversational nature of the event: "the whole focus was to begin a conversation, to be a sort of jumping off point to start this discussion throughout Saskatchewan, not just academically, but in homes, between peers." Finally, a presenter emphasized the importance of and relationship between empowerment and action, stating, "that's where I thought that the empowerment would come, in terms of letting people know that there are steps that individuals can take, groups can take, and that it's a matter of getting decision makers to implement some of the things that we know will work." Overall,

each presenter considered and integrated multiple approaches to attempt to engage and empower the audience, and these approaches were determined by their specific topic area and perceptions of the structure of the event.

A fourth theme emerged around presenters' perceptions of how to change attitudes and behaviours about alcohol use, and whether or not they felt they provided anything to facilitate that change. For instance, a presenter stated, "I would like to think that people take little tidbits home…just little things that people take home aside from the information." Another presenter indicated that their goal was to get participants to think about their own behaviour, "to sort of reflect on their own lives and…if I'm a person that drinks excessively… do I really need to? What are the benefits of that and what I'm doing to myself, to my community, and on and on." Furthermore, this type of reflection was not only applicable to young adults: "the older adults will think…for example, as parents, excessive drinking isn't necessarily actively encouraged, but it isn't necessarily actively discouraged either." Finally, one presenter focused on the action component of changing beliefs and attitudes (versus only information provision): "I think it's sort of an awareness that there are things that people can do, that there are policy strategies people can reinforce, and I think if I did anything in terms of changing attitudes, it might have been around the idea that information is sufficient in and of itself." Altogether, data revealed that providing information/education, opportunities for critical reflection, and promoting social action were some of the ways in which presenters sought to influence the audiences' beliefs and attitudes about alcohol use.

The fifth theme that revealed was related to the presenters' perceptions of the CFC as a whole, including subthemes of successes and limitations. One element that stood out was how presenters appreciated the informal or conversational tone of the event (e.g., "I do a lot of public speaking and I liked the informal nature of this one. I liked the fact that there weren't PowerPoint presentations, that we were sitting down and having a chat and trying to engage people in the conversation"). Similarly, presenters appreciated that presentations were "short and sweet, to the point, people didn't go on and on" so that "it is a lot easier to keep people engaged." Another feature that presenters enjoyed was the opportunity for and the propensity of the audience to ask questions (e.g., "with an audience that size you are always worried about people being shy but people were engaged right away, it wasn't difficult to get the first question [and] that's always the hard part"). However, the presenters pointed out that one of the major limitations of the CFC

was that there was too little time allocated to the question period (e.g., "the amount of time that was allowed at the end was a little bit tight and that might have improved it"). Further, "just as we were shutting down they [the audience] were starting to ask more questions." In addition, presenters tended to appreciate the mix of live and virtual audience participation. For example, one presenter shared that they "loved that there was the live web access…I'm glad that it wasn't necessarily a one night thing. People can still refer others to it."

Presenters also suggested a number of ways in which future events could be improved (the limitations). One suggestion was that a smaller group size could have increased discussion (e.g., "If you have a smaller group, you could have more intimate conversations"). Another limitation raised was that the discussion got slightly off-track, moving from a focus on young adult excessive alcohol use to youth alcohol use (e.g., "I think a lot of the questions, comments, [and] feedback…got lost in the youth versus young adult [issue]"), although this was not necessarily perceived as a negative thing (e.g., "not that it wasn't important or valid…[because] that's the population that's moving into young adult[hood]). However, the importance of keeping the focus on young adults at the forefront was a crucial element of the process of the CFC, and while discussion of youth alcohol use retains a high level of significance, "that's not what we were there for." Finally, the difficulty in the process of keeping the public engaged following the CFC was raised:

> I know part of the intent as well was to continue the dialogue after the fact and I'm not sure that part has succeeded. So that's where I would expend more energy in the future is to try and keep that engagement….That's the part that I think was lacking….[and there was] not really very much in terms of maintaining the dialogue and going forward.

As a whole, presenters identified many successful features of the process of the CFC, focusing on the structure of the event itself (e.g., informal, panelists sitting down, conversational nature), the level of audience engagement (e.g., during the question period), and that the event was available live online and would be available for viewing following the event. In terms of limitations, presenters suggested that in the future it might be necessary to rethink group size or structure to facilitate more discussion, to ensure that the central topic of the event remains at the forefront, and to focus more attention on sustaining dialogue about the issue following the event itself.

6.3 Event Participants' Perceptions of the CFC

The final area of analysis is derived from semi-structured interviews conducted with participants that represented diverse voices or roles within the Saskatchewan community. For ease of understanding and analysis, participants have been divided into three categories: a) professionals, b) young adults, and c) those who used virtual strategies (viewed via webinar and used the online CFC blog). There is overlap in some categories (e.g., an individual who used the blog was also a professional, one youth participated by webinar). In cases such as this, interviews guides were the same except for the inclusion of sections inquiring about the elements of the specific virtual strategy used. Thus, data pertaining to the use of the virtual mediums will be presented separately from contributions to the general participant category.

6.3.1 Event Participant Interviews: Professionals' Perceptions of the CFC

Five themes were found in the analysis of professionals' interview data. These included: a) perceptions of the culture of Canadian and Saskatchewan alcohol use and how to change this culture in a positive way, b) awareness of the issue of young adult alcohol use in Saskatchewan, c) a need for more community-based presenters or voices, d) the nature and level of engagement and empowerment facilitated by the CFC, and e) concrete suggestions for improving future public health education events such as the CFC.

The first theme in professionals' interviews was that of the culture of Canadian and Saskatchewan alcohol use and the measures that would be necessary to change it. In a Canadian context, a professional commented that, "it's in our lingo…like we say 'cheers' to people. I mean, it's advertised constantly, even if it is indirect. It's just in your face, it's absolutely everywhere." In regard to Saskatchewan, a professional stated that it was not only about looking at the provincial alcohol use as a whole, but also paying attention to the diverse communities within the province: "I think it [alcohol use] differs from community to community in Saskatchewan and I think that certain communities have alcohol as an integral part of their socialization and it goes from generation to generation and it is just accepted." Consequently, the "thing about strategies is you can't use one for every place, so it has to be at the community level." When asked about the best means of facilitating change within this culture, a participant suggested that young adults were not given enough credit when it comes to being provided with education or information:

> I think…the other thing we don't recognize is the young people's capacity to understand fairly high levels of information about how alcohol can potentially affect their lives…I know there is a period of time in your life when you feel immortal…[but] if we could

> just be totally scientific about what happens to your body, what happens to your brain…[then] they have that other information as a basis upon which to make some decisions.

A professional also focused on the potential impact of the community in facilitating change around young adult alcohol use by using approaches that "find a middle ground—if we could find a way to achieve the goals of those structured things but do it in a more natural way and create opportunities for people…I think that would build a real sense of community that would help change our social norms." In addition, a participant emphasized the importance of creating consistent messaging that could compete with existing advertising and messaging promoting alcohol use: "It has to be very regular and extremely media savvy and…should be at a lot of levels." Specifically, "it needs to be in the schools, it needs to be on the radio, it needs to be on billboards, like the kind of advertising that works for everything else…You know kids heard 10 times a week how much fun partying is, so at some level they need to hear 11 times a week the other side of it." In short, professionals recognized not only how embedded excessive alcohol use is in Canada and Saskatchewan, but also within diverse Saskatchewan communities. They also suggested that facilitating change among young adults is a complex process that involves the provision of concrete information about the impact of alcohol use, a focus on community-based methods and building a sense of community, and ways to counteract existing media that promotes excessive alcohol use by using the same methods to promote healthier drinking practices.

In the discussion of the second theme, awareness of young adult alcohol use in Saskatchewan, professionals tended to already be engaged with the issue and this motivated their participation. For example, one commented that, "I participated in the event… because I am interested not only from a work perspective, but also from a personal perspective." In particular, there was interest in "the drinking culture within Saskatchewan and why there seems to be such a disconnect between what people really know about alcohol and what they practice with alcohol." Another stated that, "I see alcohol as a really important issue in our communities and I wanted to support some young people to participate in it." However, the level of knowledge around alcohol-related issues did not appear to increase substantially (e.g., "I don't know if there were any [issues] that were brand new, just more information on some that I have heard of before like the binge drinking thing and the culture"). Further, in response to a question about whether the

CFC created greater awareness, a professional commented that she was highly knowledgeable about alcohol use already and that little new information was acquired (e.g., "maybe because it is something that I have been interested in for a long time"). Consequently, although there was motivation to attend due to an understanding of the importance of the issue, this existing understanding rarely led to the acquisition of new knowledge by professionals.

A third theme that became clear was that professionals felt that there should have been better representation of different voices that are integral to the Saskatchewan community, as this would have led to greater engagement (e.g., "I would have preferred to have some…less educated opinions around alcohol from a youth perspective"). Although Martina Matthewson was the presenter chosen to represent young adults in her presentation, Martina was an undergraduate student who spoke about her past (versus present) experiences with alcohol. All professionals noted that Martina was the most engaging of the presenters, but that there was a need for broader representation of young adult perspectives and experiences:

> I think that kind of skewed the perception of what people have of what youth drinking is because it's from a very different perspective than just a normal young person who is drinking for fun or what they think is fun, anyway, on the weekends and during the week. So I found that a little disappointing.

A professional also commented that that there was no young adult present to represent the "the voice of people who are in things like AA [Alcoholics Anonymous], for instance. And not just AA, necessarily, but the voice of people who…don't drink." In addition, "the First Nations piece or Aboriginal piece seemed to be a bit missing for me and I think it could have been represented better." Issues were also raised about a lack of representation of the work that is already going on within the Saskatchewan community (e.g., "there are all sorts of people in Saskatchewan who are doing some pretty interesting stuff and they didn't really get any of those people involved. In a lot of ways it was a bit elitist"). In short, professionals believed that there were some key topics or perspectives that should have been represented at the event, especially if it was focused on young adults within the Saskatchewan community. This was considered to be a limitation of the CFC, and should be considered in the construction of future public health education events that are supposed to offer a community-based perspective that represents the multiplicity of voices of people that comprise the community.

Professionals also differed in their perceptions about the level of engagement and empowerment that was achieved at the CFC. One professional commented that although "I do remember paying attention through all of them [the presentations] and being interested in what they were saying," this did not necessarily lead to empowerment. Specifically, "if that was the case there would have had to be something tangible to connect to and there isn't anything in place that is cohesive. People do their small parts and so it is pretty hard to engage if there is nothing formal to engage with." In addition, a professional noted that the event did not increase perceived engagement or empowerment because of existing engagement with the issue (e.g., "I think I already feel that way…I'm in the trenches with this stuff all the time and feel like we are [already] doing a lot"). Finally, a professional commented on how the event structure could have facilitated "more individual involvement in the process…[I wanted to] leave there feeling part of something, it would have helped to feel part of the event rather than just an observer." However, there was not a total lack of engagement and empowerment among professionals:

> Recognizing that although alcohol is a social norm, that it's a construction of our society that doesn't need to be that way, and that it is something that if we want to we can step back and evaluate and influence…I guess in that way that is a form of empowerment. Seeing something presented in a way that makes you feel like you can influence it.

Overall, professionals did not feel entirely engaged with or empowered by the CFC, although all noted that it was interesting. Most wanted the event to have something tangible or concrete that facilitated connections between the individual and the community (e.g., "just an acknowledgement of who all is in the audience…if there's different organizations or programs or whatever represented there…so that you know who you're sitting with") or was linked to specific action. Others felt that they were already engaged and empowered around the issue of young adult excessive drinking due to their existing work within the community.

Much of the analysis of interview data from professionals has shown this group to be more critical of the CFC than the others. The specific limitations raised about the CFC have centered on factors such as the choice of presenters (who was not represented), a lack of new knowledge gained, and an absence of engagement and empowerment that extended past general interest in the topics gained from presenters. However, the fifth theme involved concrete suggestions that professionals made about how the process of the CFC could have been improved. For instance, a professional stated that there was "no call to action at the end and I

think that to have continuity from that kind of event…you've got to have enough excitement built and a tangible task attached to it for each person in attendance." One suggestion for how this might be manifested is through the use of strategies such as "a moderated chat afterwards, or people could say we are going to do a letter writing campaign about this particular topic." In addition:

> There is nothing wrong with doing this kind of a thing if it is going to be part of the change process… [For example] a documented paper about what happened to pass on to government…or to be shared out to the broader community. Something that would have a bit of a legacy from the event.

A professional also noted that, despite an absence of certain topics or types of presenters, the chosen presenters was diverse enough that there was something for all audience members (e.g., "I remember feeling really engaged with certain panelists and then not so much with others…the point of having diverse representation on a panel is because the different people will reach different audience members"). Moreover, during "the question and answer, some of the audience asked some pretty interesting questions." However, this format or structure of the question and answer could have been improved:

> A roundtable at that time would have been more useful…because it was pretty back and forth from the stage. It wasn't really a conversation. The audience couldn't respond to each other and jump on that conversation, you just got to look at the two-way conversation between the person asking the question and the person answering.

Finally, a professional suggested that the event could have been more successful if the presenters were more aware of the Saskatchewan-specific issues and the event took place over a longer period of time to prime the participants and promote further engagement and empowerment: "I think that if it could have been over two or three days and brought some more people in to help them [the panelists] understand what was going on in Saskatchewan that might have given them a better understanding of what we are dealing with."

In summary, professionals not only identified some of the strengths and challenges of the CFC process, but also identified ways in which future public health events could be more conducive to engaging and empowering the audience. Specific examples included: a) providing a concrete call to action or the creation of a document about the event that could be disseminated at government or community levels, b) the use of roundtable discussion to promote further conversation (and move further away from the dyadic structure of the conversation), c) to make

the event longer or more comprehensive, and d) to have more interaction between presenters and the community so that the content of the event could have been better tailored to the Saskatchewan community.

6.3.2 Event Participant Interviews: Young Adults' Perceptions of the CFC

Three young adults were interviewed about their experiences and perceptions of the CFC, including one male, one female from a rural community, and one First Nations female. Each had important insight to contribute to better understanding the experience of the process of the event from the perspective of the target audience themselves. As relayed in section 2.2.2, the incorporation of an Aboriginal perspective and experiences were crucial in representing the ethnic diversity of Saskatchewan young adults. One reason this was especially important was the finding that drug and alcohol abuse is the primary challenge (83%) to on-reserve community wellness (First National Information Governance Centre [FNIGC], 2011). This is a greater challenge than both housing (71%) and employment (66%) (FNIGC, 2011).

Six key themes emerged throughout the analysis of young adult interview transcripts, including: a) the importance of hearing/representing the young adult voice, b) the capacity of the CFC to provide relevant information/education, c) the achievement of engagement/empowerment, d) the CFC's capacity to change attitudes/beliefs and facilitate social change, e) the influence of culture on young people, and f) the outcomes of the process (successes and limitations).

The first theme derived from young adult interview data was the importance of including the young adult voice within the panel. Not surprisingly, all three youth indicated that they related most to the presentation by Martina Matthewson, in which she spoke about her own experiences with alcohol as a young adult (e.g., "there was a young woman who was speaking to the actual lived experience of young adults in relation to alcohol and I think she was very realistic and spoke to it quite well"). One youth also noted that: "I connected with Martina's presentation because she was 'straight up' with the raw information that she had." However, some young adults also felt that there should have been a more representative young adult presence on the panel: "There could have been a person who wasn't in university and who could talk about that type of experience. I don't know if the experiences of the group of people I was really…represented." In addition, "I think that there could have [been] further information on alcohol use in remote…communities in Saskatchewan." In short, although Martina

Matthewson's presentation provided information and facilitated dialogue about the "young adult experience," young adults felt that there could have been more young people who spoke about experiences with alcohol use in different contexts and from multiple perspectives.

A second theme that was reported as significant to young adults was the capability of the event to provide increased awareness and education about the many issues surrounding young adult excessive alcohol use. For instance, a youth stated that: "It opened my eyes to some new things about alcohol use…and it made me think about how I use alcohol myself. And my friends and family….It was all around me when I was growing up. But I a learned a lot from it [the CFC]. I felt better educated." A youth also indicated that "I'm at school and there's nothing that really talks about it" and that a major issue brought to attention was "just how much the students use alcohol…and partying and everything like that. It's surprising on the statistics." A youth also emphasized the diversity of topics covered during the event: "There were really good presenters and more than just Saskatchewan, but across Canada with André Picard. It was a really enlightening presentation…and the information was great." Thus, from a young adult perspective there was an appreciation for the diversity of topics and a high level of interest in the factual information on young adult excessive drinking. It is also interesting to note that some young adults felt that this was an issue that was not discussed in everyday life—suggesting that factors surrounding alcohol use must be brought to the attention of young adults. Interestingly, this fits well with the professional's statement that young people need concrete and factual information as a foundation for making informed decisions about alcohol use.

A third theme relates to how the process of the CFC reached its goals of engaging and empowering young people. For instance, a young adult commented on the high level of participation by young people and how this was, in itself, empowering (e.g., "actually it did [empower me] because I wasn't aware that there would be so many young people who were actually attending the presentation…it was great to see that there were lots of other young people that were interested and involved"). One youth also spoke about how it "made me feel included as part of the Saskatchewan community." Further, one youth indicated that:

> I was surprised to see how many people were there. Like so many people from Saskatchewan and so many diverse people thought it was worth it to go…But I really felt that it…pulled everyone together as a community…So many people actually care[d] about alcohol use and so many types of people want to be educated about it.

In short, the amount and diversity of people in attendance, as well as the number of young adults who made up the audience, acted as a means to further engage and empower these young adults. In addition, these factors were viewed as empowering and led to a feeling of being part of a community that truly cared about the issue of young adult excessive drinking and wanted to learn more about it.

A fourth theme that was revealed was about the capacity of the event to change attitudes, behaviours, or create social change. One young adult in particular expressed how much this event led to behaviour change: "I took a big step…and started to go to AA. To hear the stories that other people, older people, had to tell. It was something that I had never really thought about before…or maybe didn't think would matter before." One young adult indicated that it "changed the way of looking at it [alcohol use] from a small community perspective because I'm older now, and looking at it, and realizing that it's not good the way it is right now." In terms of social action, young adults expressed that they wanted to contribute to community change, but some felt that they did not know how to do so (e.g., "I would be interested in helping out in some way. I just don't know where to start"). A young adult also stated, "social action…has yet to be taken, but the fire is there." One youth also made a specific suggestion about how young people could be involved in facilitating community change: "As a young person I see [that] the issue is something bigger…There needs to be a youth advisory committee in the government who makes policies that have something to do with alcohol in Saskatchewan." These responses indicate that the CFC was successful, at the very least, in initiating attitude and behaviour change. Young adults also believed that there is a need for community change, but required more direction about how to start or organize this type of change. The suggestion about forming a youth advisory committee specific to alcohol use that has influence on government and alcohol-related policy at a provincial level is proof that the CFC had facilitated thought about how social change could be enacted. However, the feasibility of this or how to begin the process of this was not articulated.

The fifth theme that young adults addressed was their perceptions of the culture of alcohol use and how it impacted and influenced them. One trend was that perception that alcohol use was inescapable:

> Alcohol use is everywhere. It's about the parties and sometimes having nothing better to do…So it's just part of our culture and I…don't know how to even start to change it. The clubs are always full and the people are always drinking. I guess it's kind of because it lowers your inhibitions and all of that kind of thing. Makes it easier to talk to

> people, let go, deal with problems by…forgetting them. But it's a cycle. And it's everywhere in Canada.

Moreover, a youth indicated that, "I think it's a pretty core piece of young adult socialization and it's…kind of an essential piece of being a young person in Saskatchewan." Another youth expressed that:

> Probably [it is about] just raising awareness of less risky ways of interacting…[with] alcohol and kind of like a reduction approach…because I don't think that you could ever fully remove alcohol from the lives of young people. Just work on making sure that it's not causing more harm than it needs to be.

In sum, young adults recognized the significance of the influence of the culture of alcohol use, both in general and in relation to their specific demographic. The common thread that connected these statements was that these young people did not think the culture of young adult excessive drinking was something that could easily be changed. However, they did believe that the practice of excessive drinking could and should be addressed.

Finally, young adults raised a number of points about the successes and limitations of the process of the CFC. In terms of successes, the opportunity to interact and discuss the topics raised by presenters and share opinions was a major benefit (e.g., "I liked how the audience got involved in the questions and go more into, not just what the presenters were saying, but they also got the presenters getting more into it. Not just saying…[what they did in their lectures] but getting more open to what people wanted to talk about"). Another success was the number of attendees (e.g., "I think that the most successful part was, I would say, the number of people that came out. I thought that was amazing"). An additional success relates to the first two in terms of the number of participants and the promotion of conversation: "The best possible result… A full house of engaged Saskatonians actually talking." In sum, the perceived successes of the event by young adult participants were the engagement of the audience, the number of people who participated in the event, and the empowerment of the Saskatchewan community in the discussion of young adult alcohol use.

Young adult participants also noted a limitations or possible improvements that could be made to future events such as the CFC. The major shortcoming of the CFC was related to a lack of more active young adult participation. For instance, a young adult stated, "It would have been neat to see a panel of young people or something like that. Where here there was only one person representing the young peoples' perspective…so, having a more diverse range of young people

involved." A youth also commented on how specifically inviting more young adults to attend could have led to better outcomes: "A better strategy would be to invite more engaged young people—this might result in a better chance of social action taking place." Young adults also emphasized the importance of continuing the conversation through repetition of the event (e.g., "I wish to see this organized event happen on a regular basis") or similar events. A young adult suggested that the large number of people at the CFC could actually be a detriment to engagement (e.g., "I don't know how you'd do that with such a large number of people, but maybe having a number of different lectures or something and then having people kind of work on something while they are at the meeting or lecture"). Finally, a youth commented that there was not enough time in the question and answer period: "I wanted to ask a question and was standing in line at the mic[rophone] and I didn't get the chance to say anything. They could have left more time or…made it so that more people got to talk by keeping other people's questions and things shorter." Thus, young adults thought that improvements to future events such as the CFC could involve a greater young adult presence on the panel, the involvement of more youth in the event, more time for discussion and interaction with the presenters, and the repetition of the event or similar events to create a true forum for discussion and social action around the issue of young adult excessive alcohol use. An example of how this might look in practice is a series of smaller meetings where audience members work together to create an action plan following the event itself.

6.3.3 Event Participant Interviews: Using CFC Virtual Strategies

This section focuses on the analysis of data pertaining to the viewing of the webinar, as well as the experience of using the online CFC blog following the event. It also includes my participant observation of the blog, in terms of development, implementation, maintenance, and results.

6.3.3.1 Experiences with the CFC Webinar

According to the online participant interviewed, a benefit of the webinar was that it was a good method of promoting engagement (e.g., "I felt like I was engaged in it" and "it made me feel included as part of the Saskatchewan community"). However, the webinar participant reported two major limitations to the webinar experience. First, the participant found that she was unable to ask questions of the presenters (become involved in the conversation):

> I kept trying to ask questions but it didn't seem like they were getting through to the people who were asking the questions [at the CFC]. I thought it was a really slow process of the questions I was trying to send out. They weren't getting to whoever was going to answer the questions for me.

A second limitation was the lack of ability to see the physical audience, especially who in the live audience was asking the questions: "I actually wouldn't have minded seeing who was asking the questions….saying 'oh, that's where they're coming from.'" Specifically, "you just heard voices and then you just kinda assumed, okay, it's just some person speaking." Although a limitation of this study is that only one individual spoke about the experience of viewing the event via webinar, there are a number of implications of these results that could be considered in future endeavors. For example, the webinar itself was a powerful means of engagement, and despite the physical distance from the proceedings it was possible to meaningfully involve participants. Second, future webinars might want to make it easier to ask questions (this may have been a matter of time constraints in the question period) and to ensure that individuals asking questions at the physical event can be seen by those viewing the webinar. This might assist with providing necessary context for their questions and statements to the virtual audience.

6.3.3.2 Participant Observation of the CFC Blog

As briefly described in earlier chapters, the CFC blog was created as a strategy to facilitate continued conversation about the topics presenters raised in the CFC, in the hope of that it could create further discourse and at least initiate community mobilization or social action. As noted in section 5.1.4, my role in the blog was to provide the blog content, which included five weeks (each dedicated to a certain topic discussed by each event presenter) where I summarized the topic/presentation and provided some discussion questions to initiate the conversation. In addition to this, I sent out weekly email reminders about the blog to those who had provided their email addresses for this purpose and tried to spur CFC participants to visit and contribute to the blog. I considered the sixth and final week to be the most important, as this was where the discussion from the previous weeks was summarized and I raised a central question related to how it would be possible to create change within the Saskatchewan community (i.e., "At a practical level, what do you suggest are the next steps in shifting from a 'conversation for change' to taking concrete action for change?").

During my process of participant observation, I reflected on and wrote notes in a journal that addressed specific questions and considerations about the online blog (see section 5.1.3). One major observation I made as I journaled about the blog throughout the process was the lack of participation. On week one, *The Culture and Practice of Alcohol Use among Young Adults,* there were three contributors. Week two, *The Influence of Marketing and Advertising on Young Adult Drinking Patterns*, led to only one comment. Week three, *Policy Change to Minimize Alcohol-Related Harms,* evoked two comments. Week four, *Strategies for Healthier Young Adult Drinking Practices,* elicited two comments. Week five, *André Picard's Keynote Lecture: Young Adult Alcohol Use in Canada,* received one comment. Due to the importance of week six, *Turning the "Conversation for Change" into Action for Change,* I consulted the Research Chair in Substance Abuse and we offered an incentive for participation (a $100 online gift card of choice). This was advertised both on the blog and highlighted in my weekly email. However, the incentive was not effective at eliciting greater participation, as I had hoped, and only three comments were made.

Interestingly, I also observed that weekly comments were consistently created by two blog users, one who participated in all six weeks, and one who participated in five of the six weeks. In the two weeks where there were three comments made (in addition to the two constant posters), the participants varied. Despite cautions about anonymity, both of the key posters made their names and statuses known (both were male, one was a service provider and one was a U of S student). These two individuals were contacted to participate in event participant interview, as well as answering specific questions about the experience of using the blog.

In addition to the number of participants involved in the posting and identification of regular weekly participants, I also examined the content of blog postings, the level of interaction between participant comments, and if my discussion questions led the conversation. The content of the blog postings was not strongly linked to my weekly postings. I found that in each week the general topic of the discussion elicited a response, but that these did not focus on the specific questions I posed of participants. In terms of interaction between participants, with the exception of week one, there was little back and forth between postings, with posters emphasizing their own perspectives rather than responding to the perspectives of others.

Thus, despite my best efforts to bring individuals into the blog conversation through weekly reminders to my email list of approximately 140 individuals and the addition of an

incentive, I was unable to make the blog work as a means of generating discourse about the issue of young adult excessive alcohol use within the Saskatchewan community. One potential limitation was the possibility that not all individuals on the email list actually received the email due to factors such as spam filters, which could have filtered out emails. Another limitation is that I do not have information on the number of individuals who viewed the blog or read the comments, but did not actively participate.

Overall, my impression of the blog was that it was not a successful strategy for continuing the conversation for change within the Saskatchewan community. There are many possible reasons for this, ranging from a lack of interest or engagement following the CFC, to technical details (i.e., not receiving emails), and a lack of a concrete measure of participation (i.e., in terms of monitoring the number of people who passively accessed the blog but did not actively participate). The subsequent section expresses the opinions of the two primary blog users, and provides insight into the limitations of the blog, as well as suggestions for how this medium of communication could possibly be improved in the future.

6.3.3.3 Participant Experiences using the CFC Blog

My original plan for data collection about the CFC online blog was to complement my interviews by asking blog users to complete an online survey about their experiences. However, the limited number of blog participants made this impossible. Consequently, all of the external information collected about the blog was based on interviews with the two primary blog users.

When asked about their motivation for participating, both blog users expressed the belief that it may have the capacity to create conversation and share multiple voices about the issue of young adult excessive alcohol use. For instance, one blog user commented that he participated "because it sounded like it might be kind of cool. It sounded like it could be interesting, to hear from some people." The other participant indicated that: "I mostly participated in the blog in the remote possibility that one of those people [event presenters] would actually lead it." Thus, while one participant was more interested in the voice of the community, the other was motivated by the possibility that the presenters involved in the event would be part of the blog process following the CFC.

Interviews with the two primary blog users also highlighted some of the areas that could be improved in future public health education events that use blogs or similar online strategies

(e.g., discussion boards) to facilitate discourse and social action within a community. At the core, a lack of participation could have been caused by technical difficulties navigating the blog:

> It could have been a heck of a lot more user-friendly. It was just frustrating. It took a couple of times to play around and trying this and trying that before I got it. And that's coming from someone with a background in computers. Great idea, but I think it probably stopped a number of people.

Thus, despite the explicit instructions included at the start of the blog about how to post comments and engage in the conversation, there were technical elements that could have been confusing and acted as a deterrent to potential blog users.

Another question asked of blog participants related to whether or not they found the blog to be empowering. Unfortunately, the consensus was that it was more frustrating than anything else: "It was like, 'come on, let's talk.'" In addition, a blog user commented that the lack of participation may have been due to a lack of continued interest in the topic of young adults excessive drinking: "Depending on how cynical you want to be, I suppose that you could use the non-participation as a reflection of the apathy towards it [young adult alcohol use]. People just couldn't be bothered to talk about it." However, this blog user also acknowledged that may not necessarily be the case: "I don't think that's necessarily fair…given the turnout to the actual event itself was quite good." Thus, to this blog user, the lack of follow-up by other participants could have reflected a lack of engagement—but this was not consistent with the high level of participation at the CFC itself.

Blog participants also expressed ways in which the blog could have been improved. For example:

> I think it could have been effective. I think that if the people that participated on the panel would have responded to the blog entries then I think that would have generated some interest…[and] that someone might actually pay attention to it. But when you write something and there is no response, then you kind of feel like you are just shouting into the void.

An additional suggestion was to make the blog even more interactive. One blog participant talked about a drug and alcohol-related television program he was involved in. Specific strategies used for engagement in that context included:

> An online chat after every show that actually went really well…Myself and usually one other person would be on for an hour after the show…live on our end of the camera on

> the Internet so people could see us and could type in questions and we got some really good response. People have a lot of questions and concern about drug and alcohol stuff.

Other suggestions for continuing the conversation were to do events such as the CFC more regularly, because this type of continual reinforcement of the topic "could generate more interest and some change. When you do something once it's kind of interesting, but usually it doesn't make any difference." Another suggestion was to use a different type of strategy for facilitating follow-up dialogue: "If you wanted to know what might work really well in Saskatchewan is to do a radio talk show twice a month."

These comments by blog users provide some ideas for future public health events aiming to address public health education through sustained community dialogue that could lead to community change. For example, the platform for the blog was difficult to navigate, which could have been a deterrent for participants who were less computer savvy. Future events could accommodate this by including clearer instructions or using a blog program that is more user-friendly. Another possibility for future events could be to include a higher level of interactivity, through the active participation of presenters following the event or by having a regular live chat about the issues rather than relying only on the written format. Finally, the importance of consistency of raising the issue and continued messaging was highlighted in the statements about how events such as the CFC should be held more frequently to maintain public interest or to have some sort of call-in radio show about the issue of young adult alcohol use (or other related issues) on a more regular basis.

6.4 Quantitative and Qualitative Analysis of CFC Event Evaluation Data

The analysis of CFC event evaluations includes analysis of both quantitative and qualitative data provided by evaluation respondents. My examination of this data begins with discussing the respondents' demographics, and then highlights findings related to four key evaluation questions.

6.4.1 Evaluation Respondent Demographics

Participants who attended the event in person (approximately 150) and via webinar (approximately 300) were provided with the opportunity to complete an event evaluation (hardcopy for in-person attendees and online for webinar attendees). The response rate for the evaluation was about 12%, with 52 of the 450 participants completing the evaluation in either format. The analysis of the demographics of individuals who completed the survey indicated that

84.6% (n = 44) were female, 7.7% (n = 4) were male, and 7.7% (n = 4) did not indicate male or female. Of the 49 respondents who reported their age, 63.3% (n =31) were over the age of 30, 34.7% (n = 17) were between the ages of 19 and 30, and only one respondent was under the age of 18. The respondents made up a diverse group, including representation from students (high school or post secondary), policymakers, frontline service providers, educators, health care practitioners, and caregivers. The limitations of the evaluation data are apparent, in that the response rate was low, and the majority of respondents were female and over the age of 30. It is unknown if this is representative of the individuals who attended the event or if this group was simply more likely to complete an evaluation. However, the responses to evaluation questions still offer insight into the process of the CFC. Note that I did not separate the evaluations based on geographical location (i.e., Saskatchewan versus other parts of Canada), as this would have resulted in even fewer participants and would not have been conducive to data analysis.

6.4.2 Improved Understanding of the Five Presentation Topic Areas

The first series of evaluation questions asked respondents to indicate their level of satisfaction about each of the five lectures in terms of whether or not they improved their understanding of the five key topic areas, which included: a) the media's role in normalizing heavy drinking as part of young adult culture, b) young adults' perceptions of alcohol, c) the impact of marketing and advertising on drinking practices among young adults, d) policy options to minimize harms associated with young adults' alcohol use, and e) strategies for young adults to minimize harms when drinking in social settings. Participants were asked to rank their level of satisfaction on a five-point Likert scale, and in each case (see Table 6.1), quantitative results indicated that the majority of respondents were very satisfied or satisfied (with a range of 58.7% for topic *e* to 80.3% for topic *a*).

In addition to the Likert scale, respondents were offered the opportunity to explain their responses. Qualitative analysis was conducted on these items and they were coded as positive, neutral, or negative (see Table 6.1). Qualitative analysis revealed that for each of the five topic areas there were more positive explanations (ranging from 63.6% for topic *a* to 40% for topic *e*) than negative explanations (ranging from 24% for topic *e* to 9.1% for topic *a*). The quantitative ratings and qualitative explanations were also quite consistent with one another. For example, topic *a* was rated most highly on the quantitative scale (80.3% satisfaction) and had the most positive explanations (63.6%), while topic *e* was rated lowest on the quantitative scale (58.7%)

and had the lowest percentage of positive responses (40%), and the highest percentage of negative responses (24.0%).

Table 6.1. Improvement of Understanding by Five Panelist Topics

Topic	Quantitative	Qualitative		
	Very Satisfied/Satisfied	Positive	Neutral	Negative
A. Media's role in normalizing heavy drinking as part of young adult culture	41/51 (80.3%)	14/22 (63.6%)	6/22 (27.3%)	2/22 (9.1%)
B. Young adults' perceptions of alcohol	41/52 (78.9%)	11/24 (45.8%)	10/24 (41.7%)	3/24 (12.5%)
C. Impact of marketing/advertising on young adult drinking practices	40/51 (78.4%)	13/22 (59.1%)	5/22 (22.7%)	4/22 (18.2%)
D. Policy options to minimize harms associated with young adults' alcohol use	36/50 (72%)	10/22 (45.4%)	8/22 (36.4%)	4/22 (18.2%)
E. Strategies for young adults to minimize harms when drinking in social settings	27/46 (58.7%)	10/25 (40.0%)	9/25 (36.0%)	6/25 (24.0%)

The quantitative column represents the number of participants who responded with "Very Satisfied" or "Satisfied" on a five-point Likert scale including the following items: Very Satisfied, Satisfied, Neutral, Dissatisfied, Very Dissatisfied. The qualitative column shows the number of respondents who answered the *Please Explain* option following each question and the number/percentage of comments were positive, neutral, or negative. See section 5.1.2 for a discussion of how these were coded.

Some possibilities for why topic *a* was evaluated so favorably and topic *e* was evaluated as the least favorable can be derived from analysis of qualitative data. For instance, comments about topic *a* tended to emphasize that this presentation provided new information that could result in action. One respondent stated that the presentation was "well thought out and engaging; in particular I found the information on having honest conversations with youth and denormalizing excessive drinking while changing the image of young adults who choose not to

drink in excess to be informative." Another reason for the popularity of this question was that it was the keynote lecture, which was allocated 30 minutes instead of the seven minutes provided to other panelists. Consequently, this presentation had the capacity to provide more information than the others. In contrast, comments about the presentation on topic *e* were focused on the ambiguity or lack of clear direction for future actions. For instance, one response was: "I think there were some good tips, but I think I was looking for a little more practical tips to suggest directly to young adults." It is possible that the lack of focus on concrete strategies (the major criticism of topic *e*) occurred due to the fact that this topic, "strategies for young adults to minimize harms when drinking in social settings," was the only one that was designed to explicitly provide tips or strategies that would be of practical utility to professionals working with young adults engaging in risky drinking behaviour or the needs of the young adults themselves.

As a whole, these results suggest that there is a need to address the multifaceted issues that surround excessive consumption of alcohol by young adults (e.g., normalization of drinking by media, young adult experience, media/advertising to young adults, policies, and strategies for decreasing harm). They also indicate that respondents were satisfied with what the presenters of these topics added to their knowledge of these issues. However, what was most apparent was that CFC participants wanted more direction or suggestions for concrete strategies that promote healthier drinking. Consequently, future public health education events about alcohol use should ensure that concrete strategies that can actively be put in place are included as part of the discussion.

6.4.3 Changes in Attitudes and Beliefs

A second evaluation question was: *Do you feel that this event changed any of your existing attitudes or beliefs about young adults' alcohol use?* This question was strictly qualitative, and respondents' comments were coded into three categories: a) positive (e.g., "Yes. It changed some of my attitudes towards drinking. I definitely want to make sure I do it responsibly if I do it"), b) reinforcing existing beliefs/neutral (e.g., "My existing attitudes are pretty much the same as what was talked about"), and c) negative (e.g., "This did nothing to increase my knowledge base"). Analysis of this question revealed that out of the 44 responses, 38.6% (n = 17) were positive, 45.5% (n = 20) found the event reinforced existing beliefs (neutral), and 15.9% (n = 7) were negative. The number of individuals who felt that this event

strengthened or reinforced existing beliefs suggests that individuals who participated in the event did so with some established knowledge or interest in young adult alcohol use. Results also suggested that the event did achieve its overall goal of changing beliefs or attitudes in a positive manner. On factor to consider when looking at responses coded as *negative* is that the vast majority did not offer explanation—they simply stated "No." Although it is impossible to interpret these responses, it is possible that at least some of these negatives were actually reflective of the reinforcing beliefs (neutral) category (indicating no change to existing beliefs).

6.4.4 Satisfaction with Opportunities to Contribute to the Discussion

A question asked respondents to rate and comment on their satisfaction with the opportunities they had to contribute to the discussion that followed the five panelists presentations. The quantitative results indicated that, of the 48 respondents, 79.2% (n = 38) were very satisfied or satisfied with the opportunities to contribute. However, these results were not mirrored in the qualitative data. When the 21 responses were coded into positive, neutral, and negative, it was found that more participants had negative comments (42.8%, n = 9) than positive (28.6%, n = 6) or neutral (28.6%, n = 6). One reason provided for this was that there was a lack of technological guidance for webinar participants (e.g., "I didn't attempt to contribute to the discussion online. I actually couldn't see how to do it"). At the physical event, there were issues with how the audience could be involved in asking questions (e.g., "[they] should have had a microphone that people could pass around so people did not have to stand up to speak. It would make people feel more at ease" or "[it] would have been nice to have a floating mic[crophone] for audience as difficult to get out from middle"). There was also criticism about how there was too little time for questions (e.g., "Wanted to hear from more youth! Wish the last two speakers in audience [both young adults] were included" or ""I feel that it would have been more productive to have more questions"). Thus, although approximately 30% of respondents were satisfied, it appears that technical factors (difficulty figuring out how to use and pose questions on webinar and difficulty reaching the microphone) and a lack of an appropriate amount of time for the audience to become engaged were major issues. Future public health education endeavors should consider this feedback, as addressing these concerns would impact the likelihood that more participants (physically or virtually present) become engaged in the discussion.

6.4.5 Representation of Community Voice at the CFC

The final evaluation question assessed was: *Did you feel that your voice (opinions, perspectives and experiences) about young adults' alcohol use was represented at the lecture?* Responses to the question were only qualitative and were coded as positive (yes), neutral (somewhat), and negative (no). Of the 37 responses to this question, 81.1% (n = 30) were positive, 13.5% (n = 5) were neutral, and 5.4% (n = 2) were negative. In addition to indicating whether respondents believed they were represented, they also made suggestions for how to make future events more representative. Some examples were the inclusion of speakers addressing: young adults and sport activities, more discussion of strategies and solutions, young adults in small rural communities, Aboriginal youth, youth who do not drink, and youth in AA. Overall, this demonstrates that, while the audience appreciated the broader and predominantly macro-level topics (e.g., policy, advertising, etc.) they felt it would be beneficial to hear more diverse young adult perspectives. Due to time constraints and the intent of the event to address a variety of alcohol-related issues (not only experience), this was not possible in the context of the CFC. However, future education events targeting young adult drinking or issues pertaining to a specific demographic might want to consider greater incorporation of experiential perspectives.

6.5 Conclusions

This chapter has offered insight into the entire process of the CFC, beginning at conceptualization, moving through objective setting, strategy selection and implementation, maintenance, and ending with evaluation or outcomes (Laverack and Labonte. 2000). Multiple sources of data and multiple perspectives and experiences were combined to assess notions of engagement, empowerment (both individual and community), the cultures of Canadian and Saskatchewan alcohol use, and the possibility of changing these cultures. The chapter also analyzed the perceived successes and challenges that were part of the process of the CFC, which is invaluable information that can inform how future public health education events (about young adult alcohol use or other health-related topics) can better engage and empower the public, potentially changing attitudes/beliefs or facilitating social change. Chapter Seven will present the primary findings from this analysis and their relationship to Laverack and Labonte's (2000) theoretical framework, as well as linkages to health promotion practice. It also includes recommendations for future public health education initiatives that aim to address health-related topics and offers potential directions for future research.

CHAPTER SEVEN: DISCUSSION AND CONCLUSIONS

> I'm not sure if speaking on a panel is the best way to share information or if there is a way for them [presenters] to have more relationships with the community. For them to have relationships…and not just be this imaginary or mythical group of people that just make appearances every once and while, like the Loch Ness Monster. (Event Participant).

7. Introduction

In this chapter I answer my primary research question: **How effective was the process used at the CFC at providing: a) public education, b) presenting multiple perspectives, c) facilitating individual and community engagement/empowerment, and d) initiating and sustaining meaningful dialogue about the public health issue of young adult drinking in Saskatchewan?** I will also speak to my secondary research question: **Did the process of the CFC contribute to individual attitude or behavioural change or facilitate any social action around the issue of young adult drinking?** The analysis of data derived from interviews, participant observation, and event evaluation revealed many strengths and weaknesses of the process of the CFC from multiple perspectives. Congruent with the primary research question, this chapter begins by answering the questions about the process of the CFC as posed for each phase of the theoretical model, using the *programme track* and integration of community empowerment as a guide[23] (Laverack & Labonte, 2000). Because the CFC was ultimately a *top-down* event that aimed to incorporate *bottom-up* individual and community empowerment, these questions speak strongly to of the process of the CFC. They also enable discussion about the successes and challenges of CFC, as well as changes that could improve the process. Next, the secondary research question is addressed, with a focus on outcomes including individual attitude and behaviour change, as well the level to which the CFC met its stated objectives. Analysis of the process and outcomes of the CFC creates a firm foundation for recommendations about how the process of future public health education initiatives can best incorporate individual and community empowerment. Finally, I discuss future directions for research that could fill existing gaps and increase knowledge about how to better place the *public* in public health education.

7.1 Key Findings

The subsequent sections focus on assessing the fit between the CFC and Laverack and Labonte's (2000) framework for facilitating empowerment goals within health promotion. In

[23] See Figure 4.1 for a representation of Laverack and Labonte's (2000) framework.

addition, using event evaluation and interview data, the outcomes and objectives of the process of the CFC are discussed.

7.1.1 The Process of the CFC: Laverack and Labonte's (2000) Model

To understand the process of the CFC, it was useful to utilize the questions posed by Laverack and Labonte (2000) about the integration of empowerment in the five phases of the programme track. The key findings presented here are both descriptive and analytical, providing a description of the process, as well as the successes and limitations of the CFC within each stage. It must be recognized that a limitation of Laverack and Labonte's (2000) model is that its stages were original constructed to be used in more comprehensive health promotion programs within specific communities or populations (versus specific events). The implication of this was the modification of some components of Laverack and Labonte's (2000) framework[24], especially in terms of the nine operational domains that comprise Stage Four. That said, due to the pre- and post-event activities (the pre-event survey and post-event webinar and online blog), it is possible to conceptualize the CFC as a short program/project rather than a one-off educational event.

7.1.1.1 Stage One: Program Design and Empowerment

In Stage One (overall programme design) the key questions was: *How has the programme design taken into consideration the empowerment characteristics?* (Laverack & Labonte, 2000, p. 257). Specific empowerment characteristics include consideration of time, size, and attention to marginalized populations (Laverack & Labonte, 2000, p. 257). The first empowerment characteristic addressed is *timeframe*, which Laverack and Labonte (2000) specify should extend beyond the original event or program because it takes time to establish empowerment and requires concerted efforts to sustain. Within the process of the CFC, efforts were made to extend the event in both directions by integrating activities prior to and following the event. In particular, this included the integration of a pre-event Saskatchewan survey of perceptions of young adult excessive alcohol use, posting the CFC webinar online so that it could be accessed following the event, and the six-week CFC blog designed to extend the discussion of topics raised by presenters and the audience during the event. These strategies had varying levels of success, with widespread engagement of the Saskatchewan community in the pre-event survey (with almost 1000 respondents), minimal access to the webinar following the event, and a lack of

[24] See section 4.3 for a description of each stage of Laverack and Labonte's (2000) framework, as well as discussion about the modifications/limitations of this model in the context of the CFC.

engagement with the CFC blog. For example, the webinar was posted on the CCSA YouTube channel[25], as a whole and in shorter segments highlighting each presentation (for a total of 11 videos). Thus far, these videos (in combination) have been viewed a total of 31 times, with the video of the entire event having only been viewed once. A limitation is that it is unknown when these videos were accessed (i.e., if they were viewed at a time period close to the end of the event or the months after). Stronger promotion of the webinar and its' content could facilitate better uptake of post-event online strategies. Although approximately 140 individuals indicated interest in the blog, it was not widely used and was altogether ineffective at extending the timeframe of the event. One limitation to the assessment of blog participation was the inability to determine the number of individuals who read the blog but chose not to actively participate. Developing a method of tracking blog views could provide this data in the future.

Programme size, the second empowerment characteristic in Stage One, is strongly linked to specific definitions of community. Specifically, Laverack and Labonte (2000) indicate that aside from geographical communities (i.e., the Saskatchewan community), there are many other types of non-spatial communities. Here, communities were defined as "groups that are important enough to their individual members that they identify themselves, in part, by that group membership" (Laverack & Labonte, 2000, p. 258). To meet this criterion, the CFC must have considered the multiplicity of communities of which participants may have been a part. For instance, a CFC participant may be not only a member of the broader Saskatchewan community, but also a Canadian, young adult, educator, or First Nations. Membership in these different, and frequently interconnected, communities was thus a key factor to consider in gauging the level of individual and community empowerment. The degree to which this was achieved in the CFC is negligible. For example, an event participant indicated that the CFC would have been enhanced if there were greater knowledge and acknowledgement of the individuals, communities, or organizations that were represented at the event. Although in certain cases it was evident who was involved (i.e., young adults were easy to identify), it was not known who comprised the rest of the audience. Integrating the networking component following the event may have facilitated discussion among individuals representing different communities or organizations, but the level at which these connections were made is unknown. Further, these networking opportunities were not made available to webinar participants. The implications of these findings are that future

[25] The webinar can be accessed at http://www.youtube.com/playlist?list=PL7CB1123471051262

events could relay information about the audience (both in person and online), could have a more structured networking event to heighten the level of interaction among participants, or to follow the online webinar with an online chat, where participants could virtually interact with others.

The third component of Stage One was to increase empowerment through the inclusion of *marginalized populations* (e.g., Aboriginal peoples or young people) (Laverack & Labonte, 2000). The inclusion of marginalized populations was explicitly addressed in the CFC and incorporated in multiple ways. For instance, the organizers ensured that the Aboriginal voice was represented through the inclusion of an opening prayer by a Saskatchewan First Nations woman (Sharon Acoose). In addition, organizers specified that the panel must include a Saskatchewan First Nations presenter. I also accounted for the inclusion of marginalized populations in my research by purposefully including a First Nations young adult in my event participant interviews. One limitation is that it was not possible to gauge the number of Aboriginal peoples who participated in the CFC. Young people themselves are often considered a marginalized population (CEYE, n.d.), and this group was adequately represented at the event. Specifically, one of the panelists was a young adult, and many young adults attended the CFC and actively participated in the question and answer period. Furthermore, to represent this particular voice, I included the lived experiences of three young adults within my analysis.

In contrast to the live event, where observation of the audience allowed for the assessment of the level of involvement of young adults (although a concrete number could not be determined), the demographic characteristics of the 300 webinar participants remains unknown. Once again, this raises the issue of developing methods to track or document online participation in events (e.g., by including demographic information as part of the webinar registration). Another limitation of this criterion is that the majority of presenters spoke to either broad issues (i.e., cultural denormalization, media influence, public policy) and focused on the university or college population (versus young adults who were not students). A possible reason for this particular emphasis was the environment/geographical location of the event, which took place on a university campus. The implications of these findings are that future events should purposefully ensure that there is representation of marginalized populations within the audience and in presentation content. Documentation of participant characteristics would be another way of measuring involvement of marginalized populations.

7.1.1.2 Stage Two: Setting Event Objectives and Empowerment

In Stage Two of the model, the key question was: *How are the programme objectives and community empowerment objectives accommodated together within the program?*[26] (Laverack & Labonte, 2000, p. 260). One effort to connect objectives and empowerment in the CFC process was to actively make sure these connections were included in the event objectives. In particular, objectives emphasized audience engagement, individual and community empowerment, and the incorporation of diverse voices. Data from organizer interviews demonstrated different approaches to the objective setting process, with the Research Chair focusing on issues at a community level, while he CEO of the CCSA emphasized the macro-level. Related to the previous discussions about what could be improved in the CFC, the majority of participants interviewed indicated that they would have appreciated a more substantial young adult presence (more representative of the diversity of Saskatchewan young people and their experiences) on the panel. The increased interest in the young adult perspective was evident in assertions that participants were most interested in and engaged by the presentation about the young adult experience of alcohol use (Martina Matthewson). Consistently, quantitative event evaluation data revealed that the majority of respondents gained a satisfactory level of knowledge from Matthewson's presentation (78.9%). Qualitative analysis also supports this finding, as the majority of respondents' comments were positive (45.8%), with very few negative comments (12.5%).

Interestingly, interviews with young adults expressed that they had greater engagement and knowledge acquisition about factual and broader information about young adult excessive alcohol use (i.e., statistics, policy, media influence) than did the professionals. One reason for this may be that the young adults were more familiar with the experience of young adult alcohol use and less familiar with the issues surrounding it. In contrast, professionals were less familiar with the experiential component and more familiar with the broader issues. The implications of this are that, as expected, speakers resonated and engaged diverse audience members in different ways. These differences imply that within the objective setting process it is important to have multiple perspectives on the health issue to account for diverse audience interests.

[26] The objectives of the CFC and the degree to which they were met will be discussed in more detail in section 7.1.3.

Another method that was used in the objective setting process was the pre-event survey of the Saskatchewan community[27] (Dell, 2010). The survey received almost 1000 responses, and included representation from diverse age groups and Saskatchewan communities. Thus, this strategy successfully engaged the public and demonstrated the high level of interest in the issue of young adult excessive drinking in the province. In addition, the survey highlighted the multiplicity of understandings about the practice of young alcohol excessive drinking and a perceived need for the denormalization of current practices and patterns. However, the original intention of the survey was to gather information that could refine CFC objectives and be incorporated into the keynote and other presentations. This did not occur, and survey results were not used to their full advantage. As a key objective of the CFC was to engage and empower the Saskatchewan community, these survey results could have been better integrated into the determination of event objectives and the content of panelist presentations.

7.1.1.3 Stage Three: Selection of Empowering Strategies

Stage Three of Laverack and Labonte's (2000) model raised the question of: *How does the strategic approach of the program link and strengthen the strategic approach for community empowerment?* This question is specifically related to how strategies selected by event organizers connected their choice of strategies to the facilitation of individual and community empowerment. This phase was of particular importance to the CFC, as the selected strategies were intended to contribute to empowerment at the level of the individual, group (i.e., community or organization), and province. Event organizers indicated that the strategies that they employed included: a) the informal or conversational structure of the CFC, b) choosing presenters with different perspectives and expertise, c) facilitating of dialogue in the question and answer period, d) the networking session, and e) the use of the webinar (to increase accessibility) and the blog (to facilitate post-event discourse about key issues).

Interviews with those involved in the CFC indicated that some of these strategies were more successful than others at increasing engagement and empowerment. For instance, the Research Chair in Substance Abuse and many participants found that, although the informal format of the CFC was more successful than other health promotion methods (i.e., a traditional lecture), the structure of the event was still perceived as quite formal. As discussed above, the choice of presenters on the panel was also an integral strategy in the empowerment process.

[27] This was addressed in detail in section 3.3.

Although evaluation respondents expressed a high level of satisfaction about the knowledge gained from presenters, it was also noted that more diverse community-related perspectives should have been included. Congruently, the Research Chair also acknowledged that there was a sometimes a lack of equality in the partnership with the CCSA, especially in the process of selecting presenters. In particular, because the CCSA was confined to a specific mandate at a national level, ideas about who should be on the panel were hierarchal, in that the CCSA made the final decisions about presenter selection. The approach to determining members of the panel could have led to a loss of community focus and inclusion of diverse Saskatchewan voices. Consistently, organizer interview data indicated that the CCSA aimed to fulfill its national mandate by incorporating the central perspectives brought to the table as part of the National Alcohol Strategy Working Group. The key to accommodating similar challenges in future health education events could be the establishment of needs, goals, and responsibilities of each member of the partnership prior to initiating the event planning process. Another way to accommodate potential inequality within partnerships could be an upfront commitment to collaborate on all elements of the event process.

The decision to use the question and answer period as a way of breaking down barriers between the presenters and the audience and facilitating dialogue was generally viewed as effective. However, some participants believed that this the question and answer period remained dyadic, with the conversation occurring only between an audience member and the panelist(s), rather than between audience members as well as presenters. An additional challenge related to the question and answer period that it did not allow enough time for event participants to be involved in the conversation. Another challenge was due to logistical or technological difficulties, such as the participant's inability to easily access the microphone or confusion about how to ask the presenters question via the online webinar. In sum, the question and answer period was a beneficial strategy that contributed to the success of the event. However, future events could improve the implementation of question and answer periods (or other strategies aiming to initiate conversation) by allocating adequate time, considering possible logistical/technological problems, and structuring the event in a way that includes discourse between participants, as well as between audience members and panelists.

Event organizers, presenters and participants had little to say about the networking session following the event. This could be due to a lack of specific interview questions inquiring

about this strategy and/or demonstrate that it did not have a substantial impact. Namely, if the networking session was highly successful, it is likely that organizers would have mentioned the session as a concrete strategy, or that participants or presenters would have described its benefits or challenges. An additional issue may have been that the networking session was scheduled to occur late in the evening (beginning at approximately 9:30pm), which could have deterred participants from attending (i.e., participants who did not live in Saskatoon). A final issue with this strategy was that online participants were unable to take part. As a result, future events might consider implementing a more visible and structured networking session that occurs earlier in the day to provide increased opportunities for audience participation. In addition, the modification of this strategy may facilitate a higher probably of participants making new connections (i.e., between individuals, organizations, and other groups).

The final component of Stage Three was the selection of strategies designed to promote individual and community empowerment following the event. The primary strategy utilized at the CFC was the post-event blog. The first five weeks of the blog were structured to create greater engagement with the issues (individual empowerment), while the final week aimed to create dialogue about how the Saskatchewan community could begin to take concrete actions towards social change. Consistent with previous discussion about the blog, the majority of participants chose not to participate and the dialogue that had been initiated during the event was not sustained. However, it is unknown if substantial attitude/behaviour change or community mobilization around young adult excessive drinking occurred organically outside of the CFC process. Specifically, the only measurement of empowerment and change was derived from interviews, participant observation, and event evaluations. To better understand the process of change, a longer-term follow-up evaluation of participants could provide more information about the influence of the CFC following the event. In addition, the lack of success with the CFC blog indicates that, while online methods show promise, there may be more effective ways of using online technology to engage and empower the public.

7.1.1.4 Stage Four: Integration of Operational Domains within the CFC

In Stage Four the question of interest was: *How does the implementation of the programme achieve positive and planned changes in the operational domains?* (Laverack & Labonte, 2000, p. 260). This question is related to two activities: a) strategy implementation, and b) management (Laverack & Labonte, 2000). Stage Four is the most complex, as it includes

within it nine *operational domains*. Because of the nature of the CFC, which was framed a short-term project or event, not all operational criteria can be explicitly addressed in implementation and management processes[28].

Within the first domain, participation, (Laverack & Labonte, 2000), the goals were to promote participation of the target audience (i.e., the Saskatchewan community) in the process of the CFC and facilitate increased awareness of young adult excessive drinking. The substantial number of respondents to the pre-event survey and attendance of 450 individuals involved in the CFC event demonstrates a high level of participation. Furthermore, event evaluation respondent indicates that new knowledge was gained from each presenter. As expected, the exception was the online CFC blog, which did not successfully evoke participation or call attention to young adult excessive drinking and the development of possible community solutions/actions. The second domain was leadership, specifically the necessity of strong leadership in creating the structure and direction of the process (Laverack & Labonte, 2000). In the CFC, the majority of the leadership came from the event organizers. As indicated in the analysis of participant interviews, it was believed that presenters could have taken on a stronger leadership role. For instance, presenters could have increased leadership through greater involvement and interaction with CFC blog users. Another element that could have been improved was leadership that could assist with the process of young adult mobilization. In young adult interviews, many expressed a desire to contribute to social action or change, but felt that the CFC did not include the type of leadership required to initiate mobilization or action.

The third community empowerment domain was organizational structure, which is intended to increase connections between community members through opportunities to socialize and discuss concerns about the central health issue (Laverack & Labonte, 2000). Although attendance at the CFC itself could have initiated these connections, the strategies used may not have been strong enough to act as a catalyst for creating these linkages. Congruent with past discussion, the networking session was one component of the CFC process that could have facilitated stronger community linkages. However, it was a free-floating event and no effort was made to expand discourse between different individuals from different demographics, groups, or organizations. A suggestion made by an event participant was to add more structure to this

[28] See section 4.3.4 for a description of the nine operational domains and discussion of their limitations/modifications in the context of the CFC.

process, through roundtable discussion before, during or following the CFC. In the future, more structured opportunities for interaction between participants could be employed as a means of more successfully facilitating socialization, collaboration, and networking. One limitation to understanding the impact of this strategy is that is unknown who or how many people participated in the networking session and the degree to which it brought the community together following the event. Finally, as with all discussions of the CFC process, the online blog was ineffective at creating individual and community interaction or connections.

Within the fourth domain, problem assessment, the goal was for individuals and community members to contemplate the key issue and to work together to find solutions to this problem (Laverack & Labonte, 2000). Certainly, the problems associated with young adult excessive drinking and the need to establish healthier drinking practices or denormalize this pattern of behaviour was made quite clear in the pre-event survey, as well as within the presentations. In addition, many of participant comments during the question and answer period demonstrated that this was an issue that required the development of specific solutions. A feature identified as missing from this domain was the delineation of strategies that could transform problem identification into something more concrete, building a sense of self-determination and community capacity to address young adult excessive alcohol use. As expressed by a participant, there was no concrete "call to action" or specific method that could initiate individual or community empowerment following the CFC.

The fifth domain was resource mobilization, which was not applicable to the process of the CFC. The central tenet of this domain was about acquiring the resources necessary to implement the community's movement towards social action (Laverack & Labonte, 2000). The CFC was a relatively short-term event that was non-specific about future actions, as the idea was that event participants would work together to establish possible actions. As a result, the CFC was limited in this domain and did not emphasize the acquisition of resources necessary to implement explicit actions to address young adult alcohol use. While this domain would be crucial in longer-term programs aimed at addressing community health issues, it had a minimal level of importance in the process of the CFC.

The sixth domain, "asking why," was crucial component at the CFC, with the goal of expanding participants' views about the broader cultural, social, economic, and political forces surrounding young adult alcohol use. Another component of "asking why" is the promotion of

critical assessment of the key issue, which could potentially lead to change at broader (i.e., political or cultural) levels (Laverack & Labonte, 2000). This domain was frequently addressed within the CFC. For example, panelists examined these broader issues in their presentations. Moreover, participants acknowledged that this higher-level information about the issue was crucial to expanding their knowledge of young adult alcohol use. This expansion of knowledge was also represented in event evaluation data. However, a critique was that there was a lack of explicit suggestions about how to address these broader issues (with the exception of Dr. Louis Gliksman's discussion on potential policy change). The capacity for a community to address macro-level factors, even with a high level of direction, could be a daunting task. A suggestion made by multiple presenters was to use a process that was similar to the denormalization of cigarette smoking (which was achieved through higher-level policy change and subsequent changes in attitudes and behaviours). On one hand, there are obvious similarities between how cigarette smoking and alcohol use are or have been embedded in the cultural and social landscape of Canada and Saskatchewan. On the other, there are substantial differences between the two behaviours, in that cigarette smoking has little redeeming value, while alcohol use is not typically viewed as having the same level of health risks for individuals and those around them. In short, alcohol use has become engrained in culture and defined as a set of social practices that differ from those linked to cigarette smoking (e.g., alcohol use is used to socialize or celebrate). An additional difference is that the denormalization of cigarette smoking was focused on abstinence, whereas the goal of the CFC was to present possibilities for healthier drinking practices. Thus, the CFC was not focused on promoting total abstinence. Rather, it was about shifting the culture of alcohol use from a *culture of excess* to a *culture of moderation* (NASWG, 2007).

The seventh domain was about the establishment of links with others through connections and partnerships between individuals, communities, organizations, or alliances (Laverack & Labonte, 2000). The most crucial partnership in the process of the CFC was that between the CCSA and the Research Chair in Substance Abuse. It was this partnership and the Memorandum of Understanding between the two parties that initiated the planning process and set the CFC in motion. Although this partnership was moderately successful at bringing together both micro- and macro-level features, the Research Chair in Substance Abuse identified that this partnership was more hierarchal or unequal than it could have been due to the higher-level

factors (i.e., mandate, objectives, choice of presenters) that were almost unavoidable when working with a national organization. Despite some challenges, this partnership did serve one of the key goals of this domain. In particular, it included the extension of a community problem into a broader context (i.e., in other provinces or at a national level). The eight domain involves the centrality of the role of outside agents in the process of creating momentum and nurturing individuals and communities to reach their goals, especially at the beginning of a new program (or in this case, an event/project) (Laverack & Labonte, 2000). Here, the outside agents (organizers) and the strategies used in the event were intended to engage and nurture communities by educating community members and pushing them to take charge based on acquired knowledge. The impact of the education provided in the CFC was widely acknowledged by event participants. By empowering individuals and groups to critically assess the issue of young adult excessive alcohol use, the outside agents may have provided the trigger for individual attitude/behaviour change or social action tailored to the needs of specific communities.

The ninth domain, programme management, was about providing the community with greater control over the change process by allowing them to take responsibility for the program or project (i.e., planning, implementation, evaluation, finances, administration, reporting, and conflict resolution) (Laverack & Labonte, 2000, p. 260). As with the domain of resource mobilization, this domain is incongruent with the process of the CFC. Again, this results from the short-term focus of the CFC, as well as the organization of the event, which was designed to provide the tools (but not resources, administration, reporting, etc.) for change. Part of the intent of the CFC blog was to initiate some features of this domain (i.e., by offering the opportunity for ongoing discourse that could enable the Saskatchewan community to take on responsibility for planning and implementation of action). However, blog users emphasized how the provincial community did not acknowledge their contributions to the discussion, and how this goal was ultimately not achieved.

7.1.1.5 Stage Five: Evaluation of the CFC

The primary question in the fifth stage of the framework was: *How is the programme evaluation appropriate for community empowerment?* (Laverack & Labonte, 2000, p. 257). The key feature of this stage is linked to the use of empowering techniques to evaluate the process of programs (e.g., participatory evaluation methods). Here, Laverack and Labonte (2000) asserted

that a limitation to this approach is that empowerment may be a long-term process that cannot easily be captured in short-term evaluations. Alternatively, they suggested that it may be more realistic to examine the outcomes of the process, rather than specifically defined outcomes of the project or event (Laverack & Labonte, 2000). The evaluation of the outcomes of the process is will be discussed in the assessment of my secondary research question. The evaluation process utilized in the CFC was primarily top-down, as it did not involve input from the community itself and was created by event organizers to gain insight that could be used for future events. In addition to typical event evaluation questions (e.g., level of satisfaction with the venue and event staff), collaboration between the Research Chair, CCSA, and myself, resulted in the inclusion of questions related to the concepts and outcomes of the event that were pertinent to this research. Future efforts to evaluate the level of engagement and empowerment developed through public health education may want to take a longer-term perspective in order to measure individual attitude/behaviour change, the impact on the community, and the ways in which this is translated to social action or change.

7.1.2 Outcomes: Individual Change and Meeting the Objectives of the CFC

Analysis of data from both event evaluations and participant interviews provided some insight about the major outcomes of the process of the CFC. The original purpose of this section was to address the secondary research question and highlight whether the event had the capacity to change individual attitudes/behaviours or lead to social change. However, as analysis progressed, the cautions Laverack and Labonte (2000) raised about the difficulty in evaluating concrete outcomes became apparent. Thus, the following section examines what *can* be derived from the data collected about individual empowerment and attitude/behaviour change. Then, to evaluate the *outcomes of the process*, the discussion transitions into an assessment of the level to which the four CFC objectives were met.

7.1.2.1 Changing Attitudes and Behaviours

My secondary research question asked about the successfulness of the CFC at empowering individuals and communities in a way that could change their attitudes about young adult excessive alcohol use or their own alcohol use behaviours. One indicator that the CFC had an impact on attitudes is derived from event evaluation data, which found more positive and

neutral[29] comments about attitude change than negative. However, what was significant about this data was that there were more neutral comments than positive (45.4% versus 38.6%), suggesting that the CFC spoke to the "converted"—those who already had an understanding of alcohol use and related issues and those with existing attitudes and beliefs consistent with the information provided at the CFC. Interviews with professionals also mirrored this finding, in that they largely felt that knowledge transmitted at the CFC was consistent with their existing beliefs about young adult alcohol use and reinforced rather than challenged their perspectives. The highest level of attitude or behaviour change arising from the CFC was found in young adult interview data. Here, the acquisition of new information was strongly linked to greater knowledge about the topic (i.e., by introducing new issues or providing statistics). The most concrete example of attitude or behaviour change was expressed by one young adult, who shared that the CFC increased the level of communication about alcohol use amongst peers and led to participation in the Alcoholics Anonymous program following the event. Unfortunately, it was impossible to track or measure the impact of the CFC on attitude or behaviour change among the participants who were not interviewed or did not participate in the evaluation. However, it is certainly possible that the event influenced and empowered other participants to change their attitudes or behaviours around alcohol use.

7.1.2.2 Raising Awareness of Young Adult Excessive Drinking in Canadian and Saskatchewan Culture

The first objective of the process of the CFC was to raise awareness about the issues surrounding young adult excessive drinking and its entrenchment and normalization in Saskatchewan and Canadian culture. Interviews with organizers, presenters, and participants indicated a high level of success in achieving this outcome. The first objective can be divided into two parts, with the first emphasizing awareness of alcohol-related issues and the second related to the culture of alcohol use. As derived from interview and evaluation data, both components of this objective were met. Interestingly, the majority of interview participants focused more heavily on the cultural component. For instance, organizers spoke about the burning need to address the impact of culture to create the awareness needed to denormalize young adult excessive drinking. Similarly, presenters discussed the influence of culture, emphasizing its presence in both the Saskatchewan community and at a national level. Most

[29] Defined as *reinforcing beliefs* in the context of this question.

importantly, the majority of participants expressed that they had gained an understanding of how alcohol use practices were embedded in Canadian culture in a multitude of ways (i.e., through statistics, better understanding of media influence, or in public policy) and that their knowledge of the culture of alcohol use and other topics had increased.

Each group also discussed the potential for cultural change. Specifically, the organizers focused on the importance of facilitating reflection and action at both micro- (i.e., community) and macro-(i.e., the National Alcohol Strategy Working Group) levels. Presenters emphasized the difficulties inherent in denormalizing such a culturally engrained process and offered suggestions for how this issue could be approached. For example, a presenter stated that change could only occur when both young adults and adults considered their perspectives on and use of alcohol (extending the issue past the domain of young adults). Another presenter highlighted the strength of young adults and how they should take responsibility for action around the issues that affect them. Professionals acknowledged the ever-present influence of culture on young adult drinking practices and the need to facilitate change in these practices. A suggestion for how to accomplish this was that young adults must hear more consistent messaging about the negative impact of excessive alcohol use. An additional strategy suggested by a professional was to integrate a call for action into the structure of the CFC and set forth short-term actions that each audience member could participate in and achieve. A professional also cautioned against the utilization of a blanket approach to contending with alcohol use in diverse Saskatchewan communities, which may require tailored strategies to initiate change. Although young adult interview data included fewer explicit suggestions for cultural change, it demonstrated that if the opportunity arose, they would be interested in becoming involved in projects that worked towards healthier young adult drinking practices and the denormalization of unhealthy alcohol use. The most explicit strategy raised by this group was the creation of a youth advisory committee that would work with the provincial government to create strategies for change at a provincial level.

Both qualitative and quantitative event evaluation data suggested there was increased awareness and knowledge acquisition about the presenters' five topics. Further, the information provided in presentations met respondents' needs. Respondents also reported the highest level of satisfaction with the keynote lecture, which focused on the culture of young adult drinking, the influence of the media on these practices, and the need to denormalize this behavioural pattern.

Thus, there was consensus among event organizers, presenters, participants, and evaluation respondents about the centrality of addressing the culture of alcohol use, both nationally and within Saskatchewan.

Overall, these results indicate that the outcome of achieving a higher level of awareness about young adult excessive drinking and its relationship to culture was achieved in the process of the CFC. The integration of both interview and event evaluation data demonstrate the high degree to which this event facilitated increased reflection on culture and young adult alcohol use, as well as contemplation about strategies for changing it.

7.1.2.3 Empowering the Community and Integrating Diverse Voices

The second objective of the CFC was to empower individuals and the Saskatchewan community and let their voices be heard by enabling them to express their opinions and beliefs about key issues related to alcohol use prior to, during, and following the CFC. For the most part, this objective was met prior to and during the CFC. Prior to the CFC, the pre-event survey allowed for widespread expression of opinions about the issue of young adult excessive alcohol use in Saskatchewan. During the question and answer period, participants were able to share their opinions and beliefs about the central issues raised by presenters. However, the discussion component of the CFC was somewhat limited due to time constraints, and event evaluation and interview data indicated that a number of opinions and perspectives were not included (i.e., inability to ask questions via the webinar and individuals left standing at the microphone when the event officially ended). The use of the blog in the process of the CFC was largely unsuccessful at continuing this process following the event. Thus, this part of the objective was not met and other methods of facilitating post-event empowerment should be explored.

7.1.2.4 Different Perspectives on Issues about Young Adult Alcohol Use

The third objective of the CFC was to provide different perspectives on the issue of young adult alcohol use by including panelists with diverse experiences and perspectives on the issue, as well as through inclusion of members of the Saskatchewan community. One aspect of this objective that was successfully met was the incorporation of multiple perspectives. The inclusion of diverse perspectives resulted from the selection of CFC presenters, who each presented on a different topic. Event evaluation data indicated that the respondents felt that the issues and needs pertaining to the community were well represented (80% of respondents provided positive feedback related to this outcome). However, event participant and evaluation

data reported that there should have been greater representation of different voices on the panel (i.e., higher young adult presence). Consequently, steps could have been taken to better meet the third objective. In terms of integrating Saskatchewan community members or voices into the panel, two of the five presenters were also members of the Saskatchewan community (Martina Matthewson and Barbara Robinson). Congruently, both of these presentations were the most connected to the specific experiences and needs of the Saskatchewan community. In contrast, some participants expressed that presenters (especially those from out of province) could have benefited from increased knowledge about Saskatchewan-specific young adult excessive drinking issues, so that this context could have been incorporated into their presentations.

7.1.2.5 Sustaining the Momentum of the Event through the CFC Blog: Moving Towards Social Action

The fourth objective of the CFC was to develop and utilize virtual (online) space as a means to bring together the community and provide opportunities to sustain the discussion, engagement, and empowerment that might have been gained through event participation. As has been discussed throughout this thesis, the use of the CFC blog was ineffective as a means of sustaining conversation following the event. There was little participant or community member presence on the blog, and also little "back and forth" discussion between blog users. Due to the lack of interaction and engagement with the blog, the momentum of the CFC was not sustained and discourse that could have led to social action or change within the Saskatchewan community did not occur.

7.2 Recommendations for the Process of Future Public Health Education Events

Data collected as part of this thesis provides a strong foundation for recommendations for improvement of the process of future public health education events. Specifically, these recommendations are directed at health promotion efforts that aim to use health education to empower individuals and communities, change or challenge attitudes or behaviours, or facilitate community action or change. Even thought this thesis focused on the specific issue of young adult alcohol use in the context of the CFC, it is possible to extend the knowledge gained into more general areas of public health education. These recommendations are presented using Laverack and Labonte's (2000) five-stage model for integrating empowerment into health promotion practice.

7.2.1 Stage One: Program Design

Program design is the first step in the process of planning an event, and for that reason it deserves substantial consideration. The first recommendation for Stage One is to ensure that factors such as timeframe, program size, and attention to marginalized populations are accounted for. Even with the implementation of short-term projects, it is essential to consider time-related elements such as the length of the event and the amount of time allocated to each component of the event. For example, if a question and answer period is included, enough time should be allocated for participants to adequately engage in the discussion. Moreover, the educational event should not be the sole focus, and expansion (before and/or after) the event should be incorporated. The second factor, program size, should also be a key consideration, and the various communities that comprise the audiences should be acknowledged and addressed. In addition, interaction between diverse audience members (be it through networking sessions, roundtable discussions, or online chats) is crucial to setting the stage for future collaboration, empowerment, and social action. Dedicated attention and effort to include marginalized populations within public health education is also of central importance, as the individuals that comprise these populations should have input into matters that affect their health. It is also important to address these perspectives in the content of the educational event (i.e., account for factors such as gender or ethnicity). Further, demographic differences should also be considered and accounted for (e.g., when the target of the event is young adults, young adults should speak about their lived experiences).

A second recommendation for Stage One is to develop equal partnerships between the individuals, groups, communities, or organizations involved in planning the event. By establishing the goals, objectives, and needs collaboratively at the onset of the planning process, it will be possible to ensure that meaningful and balanced partnerships are maintained. This can alleviate potential conflict between parties and lay the groundwork for future stages of the process.

7.2.2 Stage Two: Setting Event Objectives

Setting event objectives is the next action to be taken following the program design phase. Objectives should be negotiated between the organizers representing the partnership(s) involved, as well as including invested community members when possible. For instance, if the goal is to address both micro- and macro-level features of a topic, both should be accounted for within the designated program objectives. It is also important to determine the event's objectives

prior to moving on to subsequent stages, as they act as a guide for future decisions (i.e., strategy selection) and actions (implementation), as well as contributing to the development of an evaluation plan. In addition, incorporating engagement and empowerment as central objectives at this stage of the process will ensure that these two elements remain a key part of future stages of event planning, organization, implementation, management, and evaluation. An example of a key objective designed to incorporate empowerment and engagement is the inclusion of multiple voices from both within and outside of the community. Objectives should also account for the diversity of audiences that attend public health education events (e.g., different presenters might more successfully engage or empower different participants).

Another recommendation is to create and implement a measure or tool that can gauge the existing level of knowledge and engagement with the health topic prior to setting objectives. An example of this is the use of a survey to acquire data prior to the event. Not only will this provide valuable information, it will also increase the scope of the event through the inclusion of a pre-event activity. The success of public health education events can be increased if this information is integrated into objective setting, as well as used to inform next stage, strategy selection.

7.2.3 Stage Three: Selecting Empowering Strategies

When planning public health education events, it is important to select strategies that are designed to engage and empower the audience. A key strategy involves the selection of appropriate presenters or panelists. Consistent with some of the recommendations in the previous stage, it is important to involve presenters that will best engage and empower the audience at both individual and community levels. Presenters can also be provided with data acquired through pre-event surveys so that they are better informed about the specific needs of the community and can incorporate this information into their presentations.

The structure of the event itself can play a role in whether or not an event empowers participants. Using a more informal structure, such as that used in the CFC, is a way to begin to break down barriers in the traditional health education process. Create a conversational (rather than purely educational) tone and environment can potentially increase audience engagement and their propensity to actively process the information provided. Here, the major distinction is between being *talked to* or *talked at* versus becoming part of the conversation (*talking with*). Other possible suggestions for structuring the event include limiting the scope or including fewer participants (i.e., to better facilitate conversation), making it a longer event (i.e., an afternoon or

a day) to integrate increased opportunities to contribute to the discussion, or making it a consistent event (i.e., one that occurs at regular intervals to maintain interest).

It is also important to consider how to facilitate conversation or discussion when choosing strategies designed to incorporate engagement and empowerment. Using a question and answer period can help initiate the conversation by allowing the audience to directly communicate with panelists or presenters. However, this type of conversation can still be dyadic in nature. Including multiple audience members in conversations with presenters can be challenging, but could be more successful at increasing engagement. An example for how to increase dialogue between the audience members and the presenters is to have round-table discussions where event participants can first discuss the pertinent issues amongst themselves and then, as a group, come up with questions for the presenters.

Another strategy is to include a call to action as a component of the event. An example would be to empower the audience, as individuals and as a community, to complete a simple task, such as a letter writing or email campaign. It could also involve developing a document that represents all of the issues addressed at the event to create a legacy that can be shared amongst community members, presenters, organizers, and policymakers. The organizers or a group of volunteer participants could create such a document. Once created it could be circulated to participants for feedback prior to publication or dissemination. Allowing participants to participate in or see the outcomes of the event can provide a level of ownership or act as a reminder of the issue being addressed.

The inclusion of networking opportunities may be a positive way to continue the conversation following the event. Although sessions do not have to be formal, some structure (e.g., using nametags that identify the individual and who they are or represent) could be a good strategy for increasing socialization and collaboration between individuals, groups, and organizations. The more connections that are made amongst participants, the more likely they are to remain engaged in the topic and work together towards positive social change.

Within the CFC, the use of online strategies had mixed levels of effectiveness. That said, preliminary evidence indicates that the use of online methods can be successful at continuing dialogue about health-related issues. If a blog is used as a way of facilitating discussion post-event, it is important to ensure that the level of both active and passive participation can be gauged (i.e., through built in tracking mechanisms that provide information on the number of

views). Another suggestion is to actively include the event presenters as part of the online dialogue to spur ongoing discussion about their topic areas. An additional possibility is using an interactive online chat immediately following the event. Doing so could provide a way for online participants (if a webinar is included) to communicate with one another about the event. Further, interactive online chats could be scheduled to occur at regular intervals following the event as a means of sustaining participant involvement and engagement with the health issue. Research also indicates that a website dedicated to the issue or the use of other methods such as discussion forums or a Facebook page could be successful methods of extending the conversation past the original event. Because one of these strategies could prove to be more useful than others, another suggestion is to use multiple online strategies at one time to determine what method(s) participants are using most frequently. Many online tools are free, but they will require time and energy on the part of organizers to properly implement and sustain. Finally, webinars are a viable method of increasing the accessibility of an event and have been found to fulfill the goal of engaging the public. However, if a webinar is used, clear directions should be provided about how to participate in the live discussion component of the event. If possible, webinar participants would also benefit from seeing who is asking questions during a question or answer period (or when somebody other than a panelist is speaking). Moreover, in terms of evaluation, participant registration for a webinar should ensure participants provide demographic information and professional affiliations (if applicable) to attain a better understanding of the online audience. If a webinar is used to document the event, it can be archived for future use. However, it will likely be accessed and viewed more frequently if it is promoted or advertised in some way following the event.

7.2.4 Stage Four: Strategy Implementation and Management

Strategy implementation and management is the most complex of the five stages, as it include nine *operational domains*. As previously noted, these domains include: a) participation, b) leadership, c) organizational structure, d) resource mobilization, e) problem assessment, f) "asking why," g) links with others, h) role of outside agents, and 9) programme management[30]. The level at which a public health education event or project can implement strategies and manage their implementation in a way that accounts for each of these domains will be contingent on the nature of the event itself. For instance, in the context of a short-term event such as the

[30] A description of each domain can be found in section 4.3.4.

CFC, resource mobilization and programme management were not essential elements of the process. In contrast, domains such as participation, leadership, problem assessment, "asking why," and links with others were crucial to the CFC. Thus, consideration of each of these domains is an essential piece of the process of event organization and, when strategies that facilitate these empowerment domains are effectively implemented and managed, they can be very useful at increasing the level of individual and community empowerment. These domains can also be useful when evaluating the event and determining which strategies and approaches were most successfully implemented and the level or degree to which each domain was addressed or had the greatest impact.

7.2.5 Stage Five: Event Evaluation

Event evaluation for individual and community empowerment and specific outcomes such as attitude/behaviour change or social action can be difficult to measure in short-term projects such as public health education events. This is primarily due to the fact that empowerment is often a long-term process (Laverack & Labonte, 2000). Consequently, evaluation can be more successful if it focuses on the outcomes of the process rather than the outcomes of the event. Evaluation of the extent of empowerment integrated into the process of a health education event can be accomplished by answering Laverack and Labonte's (2000) key empowerment questions about each stage of the event[31]. Another way to conduct an evaluation is to use the objectives established in Stage Two as indicators of process outcomes. Analysis of objectives makes it possible to determine which components of the event were most and least successful and can provide direction for improving future public health education events. A complementary approach to evaluating event objectives is to integrate questions related to empowerment and engagement into more traditional post-event evaluations. Including both qualitative and quantitative measures can allow for a deeper understanding of event evaluation data pertaining to engagement, empowerment, and attitude/behaviour change about key public health issues and can inform future public health initiatives.

7.3 Future Research

This thesis concludes with a discussion of potential avenues for future research related to the CFC, health promotion in the form of public health education, and the constructs of engagement and empowerment. There are a substantial number of gaps in the existing literature,

[31] See sections 4.3.1- 4.3.5 for key questions for each stage.

and future research can contribute to filling these gaps and enhancing the knowledge base related to the three fundamental topics noted above. Potential research could begin by focusing on areas of research that directly supplements the information about the planning, implementation, and evaluation of the CFC. First, due to the exploratory nature of this thesis, future research could replicate the process used in the CFC in the context of another health education event addressing young adult alcohol excessive use. Replication of this thesis would provide evidence about the level of congruence between two comparable events, demonstrating the level of consistency or divergence between results. A high level of consistency would offer support to my research, while areas of divergence could be accounted for in future research. A second is research that replicates the process of the CFC (methods, procedures, data collection, analysis) in the context of different health education topics. As public health education is a commonly used health promotion strategy, replication of the process in diverse health areas could point to the generalizability of this process and underscore the findings and recommendations created based on this thesis. A third area worthy of examination is the application of Laverack and Labonte's (2000) model to other short-term events or "projects." This would provide data about the relevance of this conceptual model to other health promotion initiatives and could speak to its level of usefulness. Another major gap in the existing literature is the lack of information about how to most successfully empower participants using online methods of health promotion. Research on how to successfully incorporate online components (e.g., blogs, discussion forums, interactive chats, social media such as Facebook) as health promotion strategies emphasizing engagement and empowerment would contribute to a better understanding of the effective use of virtual space use in public health education endeavors. Finally, research could be conducted using an alternative health promotion planning frameworks as the conceptual model (e.g., PRECEDE-PROCEED). By comparing and contrasting the results of studies with different theoretical and practical approaches to engaging and empowering individuals and the community, it would be possible to provide insight into the strengths and weaknesses of a variety of health promotion planning models.

Other future directions for research could emphasize different types of evaluation of the process and outcomes of the event. For example, a long-term evaluation about the progression (or lack thereof) of individual and/or community empowerment following a public health education event could be conducted. Results from this type of study would provide additional

information about the outcomes of the process, in terms of the capacity of health education to generate and facilitate the growth of empowerment following the event. Another type of evaluation that could be conducted following health education initiatives may focus on the true outcomes and impact of the event. For example, in the context of the CFC, outcomes or impact could be objectively measured based on results of a future survey (such as the CAS). Alternatively, outcomes and impact could be measured by establishing a baseline (prior to the event) for the number of hospital admissions of young adults due to alcohol use, contact with law enforcement as a result of alcohol use, or vehicle collisions related to alcohol use among young people. Changes in these outcomes in the weeks or months following the event could be a reflection of the impact of the health education event. The difficulty of using objective large-scale measures is that it would be very difficult to determine if positive changes were linked in any way to the CFC or if they were caused by unrelated factors.

There are also a number of directions that future research on engagement and empowerment in health promotion could take. Due to the vast number of potential topics in public health education, it is likely that different methods or strategies may be more successful when working with diverse issues or demographics (e.g., an event focused on young adults would differ from an event focused on adult women). Consequently, specific information about strategies that are most applicable to different topics or demographics would help clarify and identify what strategies would be most successful in different contexts. Another potential study could further examine the concepts and definitions of engagement and empowerment. Specifically, the *meaning* of the two terms could be assessed among diverse individuals or those who take on different roles in the process of an event (e.g., organizers, presenters, participants). Understanding the meanings assigned to these concepts would help to develop strategies that are more consistent with how engagement and empowerment are experienced and perceived, as well as the differences and similarities between individuals or within groups. If major discrepancies are identified, this could infer that data collection and evaluation are measuring entirely different constructs. Developing a concrete definitions for the two constructs and sharing these with study participants may eliminate this potential danger. In addition, it is possible that personal characteristics, personalities, or orientations impact how empowerment is experienced and manifested. For example, if an individual is more inclined towards self-determination, they may be more likely to be empowered at an individual level. In this case, health education could be

most empowering at a personal or internal level. In contrast, those who have a natural proclivity toward social factors or relationships may be more likely to experience empowerment as a result of interactions between individuals and the broader social environment. Thus, relational individuals could be better suited or respond more positively to empowerment at a community level. Future research that examines these inherent inclinations could speak to the impact of personality or individual characteristics and potential differences in the experience and process of empowerment.

Overall, there are many directions that future research could take to facilitate a better understanding of the meaning, constructs, and manifestation of engagement and empowerment, as well as its relationship to public health education. Future studies that replicate and extend the methods and build on the results of this thesis could fill existing gaps in the literature and lead to more effective health promotion practice. In addition, using more comprehensive and longer-term evaluation may provide insight into the concrete outcomes of public health initiatives or events. In addition, establishing a stronger body of literature on the topics addressed in this thesis could, in the future, lead to the development of a conceptual model that is specifically designed to guide health promotion planning and implementation of more successful public health education. Finally, future research on the process, outcomes of process, and outcomes of health education events could more firmly establish the best ways to place the public more firmly in the centre of public health education. By disrupting traditional methods of health education that emphasize only knowledge dissemination, it will be possible to actively involve participants and communities and facilitate increased engagement and empowerment. The benefits of including individual and community empowerment strategies throughout the process of public health education are undeniable, and have the potential to lead to individual outcomes such as attitude or behavioural change, or community outcomes such as mobilization, action, or change that could have a real impact in addressing key public health issues.

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APPENDIX A: PRE-EVENT SURVEY

Demographics

- What year were you born?
- What city/town/village or research in Saskatchewan do you live?

Survey Questions

- What do you consider excessive drinking by young adults?
- In your opinion, is young adult excessive drinking a problem in Saskatchewan?

APPENDIX B: INTERVIEW GUIDES

Event Organizer Interview Guide

BACKGROUND
- Name
- Position
- Role in organizing the event

SECTION 1: Event planning process
- What was the process in initiating the planning for this event?
- How did you come to be an event organizer for the CFC?
- What role did you play in the event planning process?

SECTION 2: Objective Setting
- How did you go about determining the goals and objectives of the event?

SECTION 3: Strategy Selection
- Why did you choose the strategies you used in the CFC event?
- Why did you decide to use virtual space as a key element of "continuing the conversation"?
- What was the process of selecting relevant presenters for the event?

SECTION 4: Integration of Active Engagement of Saskatchewan Community
- What was your approach to actively engaging the Saskatchewan community in the event? Was it effective? Could it have been more effective?

SECTION 5: Recruitment of Participants
- What was your approach to recruiting participants to attend the event?
- What type of participants did you target in the recruitment process?

SECTION 6: Empowerment
- What methods did you use to integrate empowerment into each stage of the CFC event?

SECTION 7: Culture
- What are your thoughts on the culture of young adult alcohol use in Saskatchewan and Canada?
- What approach do you think is necessary to begin to address how culturally embedded young adult alcohol use is in Saskatchewan and Canada?

SECTION 8: Conclusions
- What were the strategies that you think will be the most effective?
- Looking back at the process, what do you feel was most successful about the organizational process?
- What did you find most challenging about the organizational process for the CFC event?

Event Presenter Interview Guide

BACKGROUND

- Name
- Topic of presentation

SECTION 1: Presentation Planning

- What were your major considerations when planning the event?
- What was the process in how you decided to approach your topic?

SECTION 2: Active Engagement of Saskatchewan Community

- What information did you think was most necessary to convey to the Saskatchewan community? Why?
- Did you take any steps to ensure that your presentation would actively engage event participants with the material?

SECTION 3: Empowerment

- Did you consider how to engage and empower the audience when planning your presentation?
- Did you feel that your presentation included elements that would be empowering to event participants? Please explain.

SECTION 4: Attitude/Behaviour Change or Social Action

- What part(s) of your presentation do you feel would have led event participants to change their attitudes or behaviours around alcohol use?
- What part(s) of your presentation do you feel would have led participants to pursue social action around the issues of young adult alcohol use?

SECTION 5: Culture

- What are your thoughts on the culture of young adult alcohol use in Saskatchewan and Canada?
- What approach do you think is necessary to begin to address how culturally embedded young adult alcohol use is in Saskatchewan and Canada?

SECTION 6: Conclusions

- Looking back at the process, what elements of your presentation do you feel were most successful?
- Is there anything that you would change in future public presentations about youth alcohol use?
- Is there anything that you might add to future presentations to promote active engagement with material and individual/community empowerment?

Event Participant Interview Guide

BACKGROUND
- Ethnicity
- Gender
- Demographic Group
- Occupation

SECTION 1: Event Participation
- Why did you participate in the event?

SECTION 2: Awareness
- Did the event increase your awareness of issues around young adult alcohol use in Saskatchewan?
- What issues in particular were brought to your attention?

SECTION 3: Voice/Role
- Did you feel that your voice (opinions, perspectives and experiences) about young adult alcohol use were represented at the event?
- As a _____ (demographic group) was the information delivered applicable to your role?
- Which presenter provided information that was most applicable to your demographic group/role?
- Did you feel that diverse voices (from within the Saskatchewan community) were represented by presenters at the event?

SECTION 4: Engagement
- Did the presenters make you feel engaged with the information they were presenting?
- Was there a particular presentation that you felt was most engaging and relevant to you as an event participant?

SECTION 5: Empowerment
- Did the event make you feel empowered as an individual and/or as part of the Saskatchewan community?

SECTION 6: Attitude/Behaviour Change and/or Social Action
- Did you feel that the event changed any of your existing attitudes/beliefs about young adult alcohol use? Please explain.
- Did the event interest you in becoming involved in pursuing any social action around the issue of young adult alcohol use?
- What strategies could be used that may lead to individual attitude/behaviour change and/or social action?

SECTION 7: Culture
- What are your thoughts on the culture of young adult alcohol use in Saskatchewan and Canada?
- What approach do you think is necessary to begin to address how culturally embedded young adult alcohol use is in Saskatchewan and Canada?

SECTION 8: Conclusions

- What do you think was the most successful part of the event?
- What elements of the event could have been improved (e.g., to engage you more with the information, to make you feel more empowered, to better represent your perspectives on young adult alcohol use)?

SECTION 9 (ONLY FOR BLOG USERS)

- Why did you choose to participate in using the online blog? Please explain.
- Has using the blog increased your awareness of young adult alcohol use in Saskatchewan? Please explain.
- Do you feel that the blog format allowed your voice (opinions, perspectives and experiences to be heard)? Please explain.
- Do you feel that the blog allowed diverse voices about young adult alcohol use to be heard? Why or why not?
- Have you found using the blog to be empowering? Please explain.
- Do you think that the blog was an effective tool for "continuing the conversation" about young adult drinking following the 2010 Bill Deeks Lecture event? Why or why not?
- Has using the blog changed any of your existing attitudes/belief about young adult alcohol use? Please explain.
- How could the blog have been improved? (e.g., to better engage you with the information, to make you feel more empowered, to better represent your perspectives on young adult alcohol use). Please explain.
- Has the blog interested you in pursuing social action around the issue of young adult alcohol or have you initiated any social action around this issue? Why or why not?

SECTION 10 (ONLY FOR WEBINAR PARTICIPANTS)

- Were there any benefits to viewing the event via webinar? Please explain,
- Were there any challenges with viewing the event via webinar? Please explain.
- What was most and least successful about participating in this public health education event via webinar? Please explain.

APPENDIX C: CFC EVENT EVALUATION

Evaluation Form

2010 Bill Deeks Lecture: How Much is Too Much? A Conversation for Change: Young Adults and Alcohol

Saskatchewan, September 22, 2010

Thank you for participating in this lecture.

1. **How satisfied are you that the lecture improved your understanding of the following topics:**

   A. young adults' perceptions of alcohol?

   ❑ Very satisfied ❑ Satisfied ❑ Neutral ❑ Dissatisfied ❑ Very dissatisfied

   Please explain:
   _____

   B. the impact of marketing and advertising on drinking practices among young adults?

   ❑ Very satisfied ❑ Satisfied ❑ Neutral ❑ Dissatisfied ❑ Very dissatisfied

   C. policy options to minimize harms associated with young adults' alcohol use?

   ❑ Very satisfied ❑ Satisfied ❑ Neutral ❑ Dissatisfied ❑ Very dissatisfied

   Please explain: _____

   D. the media's role in normalizing heavy drinking as part of young adult culture?
   ❑ Very satisfied ❑ Satisfied ❑ Neutral ❑ Dissatisfied ❑ Very dissatisfied

   Please explain:
   _____

   E. strategies for young adults to minimize harms when drinking in social settings?
   ❑ Very satisfied ❑ Satisfied ❑ Neutral ❑ Dissatisfied ❑ Very dissatisfied

   Please explain:
   _____

2. **Why did you attend the lecture?**

   Please explain:
   _____

_____

3. Do you feel that your opinions and experiences regarding young adult alcohol use were represented in the lecture?

❑ Yes ❑ No ❑ Not Sure

Please explain:

_____

4. How satisfied are you with the opportunities provided this evening to contribute to the discussion?

❑ Very satisfied ❑ Satisfied ❑ Neutral ❑ Dissatisfied ❑ Very dissatisfied

Please explain:

_____

5. Do you feel that this event has changed any of your existing attitudes or beliefs about young adult alcohol use?

❑ Yes ❑ No ❑ Not Sure

Please explain:

_____

6. Will you take any specific action in your community to address young adult drinking as a result of this lecture?

❑ Yes ❑ No ❑ Not Sure

Please explain:

_____

7. How did you hear about the lecture?

❑ Promotional Email ❑ Colleague ❑Poster/Billboard ❑ Website _____ (indicate)

8. How did you participate in the lecture?

 Online (via Podcast)
 In person

9. Please rate your level of satisfaction with this event.

	Very satisfied	Satisfied	Dissatisfied	Very Dissatisfied	No Comment
Event Venue	○	○	○	○	○
Event Organization	○	○	○	○	○
Event Format	○	○	○	○	○
Panel Knowledge	○	○	○	○	○
Q&A Period	○	○	○	○	○
Event Staff	○	○	○	○	○

10. What topics would you like to see covered at future CCSA Chair Lectures?

_____

11. Could any elements of this lecture have been improved? Please Explain.

_____

Can you please provide the following demographic information:

12. What province or territory do you live in? _____

13. What year were you born in? _____

14. What best describes your area of employment?

- ☐ Mental health/addictions
- ☐ Professor or educator
- ☐ Policy
- ☐ Student

 Health
 Justice
 Trades
 Other _____

15. Are you:
 Male
 Female
 Other: _____

16. Are you:
 Caucasian
 First Nation status
 First Nation, non-status
 Métis
 Asian
 African-Canadian
 Latin
 Other _____

The following two sections apply only to specific demographic groups:

Please answer the following question ONLY if you are between the ages of 19-24:

1. After participating in this event, do you think that your personal drinking behaviours will change?

❑ Yes ❑ No ❑ Not Sure

Please explain:

_____

Please answer the following questions ONLY if you are a resident of Saskatchewan:

1. Do you plan to continue the "Conversation for Change" about young adult drinking using the online blog?

❑ Yes ❑ No ❑ Not Sure

Please explain:

_____

2. Did you complete the brief, on-line survey asking about your views on young adult's use of alcohol that was distributed throughout Saskatchewan the month prior to this lecture?

❑ Yes ❑ No ❑ Did not receive the survey

Please explain:

_____

Thank you for completing this evaluation